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ABSTRACT

The document reports activities of the Developmental Evaluation Services for Children, a short term, interdisciplinary, health and educational diagnostic evaluation service for preschool children with handicapping or potentially handicapping conditions in two or more developmental areas. Following a timeline of project activities are statistics relating to evaluation of the project's eight performance areas: direct and supplemental services for children, parent/family participation, assessment of children's progress, inservice training for project staff, training for personnel from other programs or agencies, demonstration and dissemination, coordination with other agencies, and continuation and replication. Appendixes, which make up the bulk of the document, include evaluation record forms, survey forms, and information and forms from the longitudinal followup survey. (SBH)

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DEVELOPMENTAL EVALUATION
SERVICES FOR CHILDREN

12701 Twinbrook Parkway
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DESC FINAL REPORT

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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WASHINGTON, D.C. 20202

PROGRAM PERFORMANCE REPORT (Discretionary Grants)

FORM APPROVED
OMB NO. 51-R1091

Further monies or other benefits may be, but will not necessarily be, withheld under this program unless this report is completed and filed as required by existing law and regulations *(45 CFR 121, GSA FMC 74-7)*.

Part I

All grantees with awards from programs listed under "General Instructions" above respond.

1. Date of Report:	2. Grant Number:
October 5, 1979	G007602141
3. Period of Report: From:	**To:**
July 1, 1978	June 30, 1979

4. Grantee Name and Descriptive Name of Project:

Montgomery County Public Schools
Dr. Thomas J. O'Toole, Director
Developmental Evaluation Services for Children (DESC)

Certification: I certify that to the best of my knowledge and belief this report *(consisting of this and subsequent pages and attachments)* is correct and complete in all respects, except as may be specifically noted herein.

Typed Name of Project Director(s) or Principal Investigator(s):	Signature of Project Director(s) or Principal Investigator(s):

Part II *("Accomplishment" Reporting)*

A. All grantees, except for those with awards under 13.443 are to respond to this Section A. Grantees under 13.443 go to B of Part II.

All grantees with awards under 13.444 except those supported solely for "Outreach" activities are to follow the organization of categories listed below in presenting their performance reports. The categories are based on activities common to all Early Childhood projects with the exception noted above for projects solely supported for outreach activities.

(1) Direct and Supplementary Services for Children's Services
(2) Parent/Family Participation
(3) Assessment of Child's Progress
(4) Inservice Training for Project Staff
(5) Training for Personnel from other Programs or Agencies
(6) Demonstration and Dissemination Activities
(7) Coordination with other Agencies
(8) Continuation and Replication

The grant application for programs 13.445, 13.446, 13.450, and 13.520 provided for the following functions or activities as categorical headings in the budget and narrative sections:

Research and Development	Dissemination
Demonstration/Service	Preservice/Inservice
Evaluation	Training

Programs 13.451, and 13.452 do not usually require a breakout since the primary function or activity is intrinsic to the respective program.

For each of the above programs, functions, or activities *(as well as those of special import for certain programs: e.g., replication, advisory councils, parent involvement)* discuss the objectives and subobjectives presented in the approved application *(in narrative format)* in terms of:

(a) Accomplishments and milestones met.
(b) Slippages in attainment and reasons for the slippages.

Refer back to your application and utilize your quantitative quarterly projections, scheduled chronological order and target dates, and data collected and maintained as well as criteria and methodologies used to evaluate results for (a) and (b). For grantees under 13.444, in discussing training or personnel from other programs, include descriptions of types of training, institutions or organizations involved, and numbers of trainees and hours of training received.

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful. NOTE: Outreach grantees are to discuss accomplishments and slippages in terms of replication and stimulation of services, resources provided and field testing and dissemination and training in terms of types of personnel receiving training and the number of hours involved.

Grantees finishing this portion of Part II, go to C of Part II.

B. Reporting for Grantees under 13.443 *(Research and Demonstration)*.

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results, and a description and evaluation of any final product. Either include copies of, or discuss: information materials released; reports in newspapers, maga-

zines, journals, etc.; papers prepared for professional meetings; textual and graphic materials; completed curriculum materials and instructional guides, or drafts if in a developmental stage, special methods, techniques and models developed; scales and other measuring devices used.

When finished with this portion of Part II, 13.443 grantees go to C of Part II.

C. All grantees are to respond to this section C. Discuss the following:

(1) Unanticipated or anticipated spinoff developments *(i.e., those which were not part of your originally approved subobjectives, but which are contemplated within the purpose of the Education for the Handicapped legislation, such as new cooperative inter-agency efforts, a decision by volunteer(s) to pursue a career in special education, new public school policy to integrate handicapped children into regular classrooms, enactment of mandatory or other State legislation affecting early education, relevant new course offerings at universities, etc.).*

YEAR III

(2) Where outputs are quantified in response to any portion of Part II, relate quantifications to cost data for computation of unit costs. Analyze and explain high-cost units.

(3) Indicate other matters which you would like OE to know about *(e.g., community response to the project, matters concerning the project's working relationship with OE, technical assistance of OE staff, or any other relevant subject.).*

Part III

All grantees with a Demonstration/Service function or activity, except for 13.444 grantees who are solely supported for "outreach" activities, are to complete Tables IA, IB, and IC. All grantees under 13.451, as well as those under other handicapped programs with a Preservice/Inservice Training activity are to complete Table II. All grantees under 13.444 except those who are supported solely for "outreach" activities, are to complete Tables IIIA and IIIB.

Table IA – Demonstration/Service Activities Date

Children

Enter actual performance data for this report period into the appropriate boxes. Use age as of the time of the original application, or the continuation application, whichever is later. On lines above line 11, count multihandicapped individuals only once, by primary handicapping condition, and indicate the number of multihandicapped in line 12. Data for lines 1 through 11 are for those directly served; i.e., services to those enrolled or receiving major services, and not those merely screened, referred or given minimal or occasional services.

Type of Handicap	Number of Handicapped Served by Age					
	Ages 0-2	Ages 3-5	Ages 6-9	Ages 10-12	Ages 13-18	Age 19 and Over
1. Trainable Mentally Retarded		1				
2. Educable Mentally Retarded	3	9				
3. Specific Learning Disabilities	2	14				
4. Deaf-Blind						
5. Deaf-Hard of Hearing		2				
6. Visually Handicapped		2				
7. Emotionally Impaired/ Seriously Emotionally Disturbed	1	10				
8. Speech Impaired/Language Disability	7	24				
9. Other Health Impaired	6	11				
10. Orthopedically Impaired	1	4				
No Handicapping Condition	3	2				
11. TOTAL	23	79				
12. Multihandicapped	1	4				

If the data in the above table differ by more than 10 percent from the data originally presented in your approved application, please explain the difference.

Table IB

Project Staff Providing Services to Recipients in Table IA

Type of Staff	Number	
	Full-time	Part-time *(As Full-time Equivalents)*
Professional Personnel *(excluding teachers)*	1 nurse coordinator	2.5 (pediatrician, audiologist, speech pathologist, social worker and psychologist)
Teachers	1	
Paraprofessional	1 clerk typist	1 clerk typist

Table IC

If applicable: Services to Those Handicapped Not Included in Table IA

Service	Number of Handicapped
Screened	
Diagnostic and Evaluative	
Found to Need Special Help	
Other Resource Assistance	

NOT APPLICABLE

Table II

Preservice/Inservice Training Data

Handicapped Area of Primary Concentration	Number of Persons Received Inservice Training	Number of Students Received Preservice Training by Degree Sought			
		AA	BA	MA	Post-MA
Multihandicapped					
Administration					
Early Childhood					
Trainable Mentally Retarded					
Educable Mentally Retarded					
Specific Learning Disabilities					
Deaf/Hard of Hearing					
Visually Handicapped					
Seriously Emotionally Disturbed					
Speech Impaired					
Orthopedically and Other Health Impaired					
TOTAL					

If data in Table II above differ by more than 10 percent from those in your approved application, explain.

Table IIIA
Placement of Children Participating in Early Childhood Program During Reporting Period

YEAR III (7/1/78 - 6/30/79)

Indicate the placement of children who left your project during the year covered by this report period.
NOTE: Count each child only once by primary type of placement below.

TYPE OF PLACEMENT			NUMBER OF CHILDREN	
			FULL-TIME	PART-TIME
INTEGRATED PLACEMENT *(i.e., in regular programs with children who are NOT handicapped)*	Nursery schools			7
	Day-care programs		2	1
	Head Start			4
	Pre-kindergarten			11
	Kindergarten			5
	Primary grades	First	1	
		Second		
		Other		
SPECIAL EDUCATION PLACEMENT *(i.e., in classes only for handicapped children but situated in regular private or public school)*	Pre-kindergarten			10
	Kindergarten			7
	Primary grades	First	1	
		Second		
		Other		
INSTITUTIONAL PLACEMENT	Scheduled to remain in Early Childhood Program in coming year			
	Other *(specify)* Pre-Kindergarten		22	24
	Kindergarten			
	Primary Grades		1	

Table IIIB

	NUMBER		PERCENT
Cumulative number of children entered into integrated placement *(if known)* prior to this report period →	79	Estimated retention rate of cumulative number in integrated placement →	unknown

FEB 2 6 1980

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MONTGOMERY COUNTY HEALTH DEPARTMENT
MONTGOMERY COUNTY PUBLIC SCHOOLS

Rockville, Maryland

ABSTRACT

DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN

Developmental Evaluation Services for Children (DESC) is a short-term, interdisciplinary, health and educational diagnostic evaluation service for preschool children with handicapping or potentially handicapping conditions in two or more developmental areas. The professional staff includes a community health nurse, pediatrician, audiologist, speech pathologist, psychologist, psychiatric social worker, and educational diagnostician. The service, which is provided free of charge to county residents, is jointly operated by the Montgomery County Health Department and the Montgomery County Public Schools. This report covers the third year of Handicapped Children's Early Education Program (HCEEP) funding.

INTRODUCTION

Developmental Evaluation Services for Children (DESC) is an interdisciplinary, short-term diagnostic evaluation and planning clinic for children with handicapping or potentially handicapping conditions in two or more areas. Jointly operated by the Montgomery County Health Department (MCHD) and Montgomery County Public Schools (MCPS), the service provides comprehensive assessments for preschool children as mandated by the Maryland Special Education Bylaw 13.04.01. DESC works closely with the placement office of MCPS and with private programs to secure appropriate educational programs and related services for these children. In addition, DESC works with parents and appropriate service agencies to meet children's medical, emotional, and social needs.

DESC's interdisciplinary team consists of audiologists, an educational diagnostician, pediatricians, psychiatric social workers, psychologists, and speech pathologists who evaluate each child. A physical therapist, psychiatrist, and other medical specialists are available for consultation as needed. (A complete list of staff appears as Appendix A.) In addition, there is a diagnostic nursery facility for more extensive diagnostic observation.

Working in concert with its Advisory Council (Appendix B), DESC has continued to evaluate and refine its services to meet community needs. One particular area of increased attention is that of service to parents of handicapped children. Evening orientation sessions were begun in Year II and are held for groups of parents prior to their child's evaluation to acquaint them with the diagnostic procedures and physical facilities. A case manager is assigned to each family to provide support and guidance before, during, and after the evaluation. For some families, a former DESC parent provides guidance and support. In addition to the interaction with parents relevant to their child's evaluation, DESC staff members serve as speakers to various parent education groups; and media materials have been developed to present the complete DESC picture to parents. Parents continue to respond positively to staff efforts to encourage their active participation in evaluation activities. In a site visit by Bureau of Education for the Handicapped project officers in December, 1977, it was noted that participation by parents, and by fathers in particular, was high compared to other agencies of this type. This participation continued to be high in Year III.

DESC provides in-service activities for professionals working with handicapped children. For example, teachers, social workers, community health nurses, and other professionals who originate referrals are invited to DESC conferences. DESC staff members visit programs where DESC children have been placed. They help teachers implement the educational management plan, as well as to identify and manage learning problems. Professionals throughout Maryland are invited to observe the DESC evaluations, conferences, and nursery by way of written invitation. Articles in professional newsletters and

presentations to interested groups in both formal and informal meetings also allow the DESC staff to share their experiences and interact with other professionals.

During the third project year, DESC operations focused on three major areas:

1. Dissemination activities, which were a major effort, included the completion of replication materials and on-site presentations to health and education personnel throughout Maryland.

2. Activities were undertaken to insure inclusion of DESC services within the Health Department and Public Schools FY 80 budgets.

3. A longitudinal follow-up study was implemented to document placement and progress status of all children referred to DESC during the three years of its operation.

The DESC staff has worked within the following timeline in accomplishing its objective of evaluating handicapped or potentially handicapped children, developing plans to meet their overall needs, and facilitating the steps necessary to implement those plans.

THREE-YEAR TIMELINE OF PROJECT ACTIVITIES

The original proposal spelled out a plan of action by means of a calendar for accomplishing organizational activities within a specified time frame. The status of each proposed activity follows:

Development Phase I (July 1, 1976)	Status
1. Set up Advisory Council to the DESC grant consisting of educational professionals (one-third), health professionals (one-third), and parents (one-third, of whom at least 50 percent will be consumers of services)	1. Accomplished. Information submitted previously
2. Draw up detailed job descriptions, advertise for, and hire staff.	2. Accomplished. Information submitted previously
3. Plan curriculum for and set up in-service training	3. Accomplished. Information submitted previously
4. Formulate final lists of desired equipment and supplies and order.	4. Accomplished. List of equipment and supplies available, if needed

5. Draw up exact specifications for and begin structural modifications to diagnostic nursery room at the Twinbrook Health Center to provide for observation and videotaping of activity in the nursery room and to provide for two-way communication between those in the nursery and those observing outside.	5. Accomplished.
Development Phase II (September 1, 1976)	Status
1. Complete structural changes to diagnostic nursery room; install one-way glass, intercom., and a surveillance videotape recording system with remote control console	1. & 2. Accomplished March 1, 1977. Videotape equipment was on loan from Montgomery County Public Schools; however, technical problems outweighed the benefits, and the equipment is no longer used.
2. Complete outfitting and equipping the diagnostic nursery room at Twinbrook Health Center	
3. Begin intensive in-service training of staff. Test curriculum for effectiveness and plan to utilize the most effective materials	3. Semimonthly meetings held. Formal two-day workshop on DESC held on January 25 and 26, 1977. In-service meetings were concentrated in Years I & II
4. Set up a working model of DESC by arranging for a number of "trial runs" with a variety of handicapped children in the community	4. Accomplished
5. Develop an evaluation methodology	5. Accomplished
6. Decide what testing materials and instruments will be used by each team member to evaluate children and assess their progress (for example, Bayley, Cattell, Binet L-M, WISC-R, WISC). Develop a questionnaire for professionals and parents involved in the project	6. Materials in use
7. Formulate policies for publicity and begin publicity	7. Accomplished

8. Provide self-criticism and modification of plan as necessary	8. On-going. Had two-day needs assessment with TADS consultant. Also, Administrative and Advisory Council meetings have dealt with this item in part
Demonstration/Service I (November 1, 1976, and continue for length of grant)	Status
1. Actively encourage referrals and do evaluations on a regularly scheduled basis	1. Accomplished and continuing
2. Assign a manager to each case to assist the parent with the evaluation process and with follow-up on recommendations	2. Accomplished and continuing
3. Keep records	3. Accomplished and continuing
4. Begin parent counseling, interpretation of a child's needs, etc. For long-term ongoing counseling and infant-toddler management, refer parents to the Montgomery County Public Schools Adult Education Parent-Resource Center or to other appropriate parent programs run by the MCPS or the MCHD	4. Accomplished and continuing
Demonstration/Service II (January 1, 1977)	Status
1. Publicize DESC as a model service. Print brochures; initiate public service announcements	1. Accomplished and continuing. The Hotline idea was dropped because the County Government opened an information and referral service and the Public Schools began a Child Find program, and the need for a Hotline was significantly reduced. Brochure revised 9/78
2. Plan and set up courses/workshops for health and education professionals which will give continuing education credits to various professionals	2. Not achieved. MCPS has an extensive continuing education program. MCHD also has provisions for continuing education. DESC staff members participate in these programs. Organizing courses/workshops was not seen as a significant need for this project to initiate

3. Write an introduction to DESC brochure for distribution to various professionals and parents who visit the project	3. Accomplished (see Appendix C)
4. Provide self-criticism and modification of plan as necessary	4. Continuing

Evaluation (January 1, 1977: intensify by March 1, 1977, and continue for length of grant)	Status
1. Keep quantitative records of number of children seen, types of handicaps found, recommendations made, and follow-ups conducted	1. Accomplished and continuing
2. Keep a log of developmental progress of children seen	2. Initiated and continuing
3. Develop statistics on program placement, verify the lack of appropriate programs where they are nonexistent, and assess appropriateness of program placement for multiply handicapped children	3. Accomplished the development of activities. Verified the lack of certain appropriate programs and sent list to associate superintendent for continuum education in Year II. Periodic reviews of this item took place and updates sent when necessary
4. Keep statistics on the number of professionals and paraprofessionals receiving in-service training and also the number of educators and health personnel visiting, taking courses, or participating in workshops	4. Accomplished and continuing
5. Keep some quantitative and qualitative data on the reactions of parents, educators, or health personnel to the service provided, including their opinions regarding whether the service has aided them in meeting a particular child's needs	5. Accomplished and continuing

Dissemination Phase I (March 1, 1977, and continue under grant support in the succeeding years)	Status
1. Hold courses/workshops for education and health professionals in Montgomery County and surrounding areas	1. Local health and education staff members were invited to the staff in-service program during Years I and II. Workshops were held for Day Care operators and MCHD Health Technicians
2. Provide technical assistance and information to other jurisdictions or agencies requesting it	2. Accomplished
3. Develop plans for greater dissemination and outreach for the following year	3. Accomplished. TAD's Consultant visited on June 27 and 28, 1978, and did work for the project in the Fall of 1978
4. Invite representatives of metropolitan newspapers (Washington Post, Washington Star, Montgomery Sentinel), radio, and T.V. for a briefing on the project	4. Press releases were submitted to all newspapers. The project co-directors were interviewed for a radio show carried on ten local stations. Channel 4 did a two-part series on the project in the spring of 1979

Operations, Second Year (July 1, 1977 - June 30, 1978	Status
1. Continue to provide DESC service as outlined in Demonstration/Service I	1. Completed
2. Continue evaluation procedures as outlined in Evaluation and in Objectives and Need for this Assistance	2. Completed
3. Expand dissemination activities including the identification of a dissemination consultant	3. Completed
4. Outreach activities: a) Publication in nationally-circulated journals concerned with special education and/or health service delivery	4. Now that the project is completed, papers are being prepared. The Journal of Exceptional Children; the Journal for Children with Communication Disorders, and a medical journal are possible targets

4. b) Presentation of papers at regional or national conferences in the field of education and health	Completed and ongoing
5. Explore the establishment of a national advisory board with personnel from Office of Child Development, National Institute of Child Health and Human Development, and the national Head Start	5. Done on a local level by including representatives of State organizations

Operations, Third Year (July 1, 1978 - June 30, 1979	Status
1. Continue to provide DESC service as outlined in Demonstration/Service I	1. Completed
2. Continue evaluation procedures as outlined in Evaluation and in Objectives and Need for This Assistance	2. Completed
3. Evaluate the salient characteristics of DESC which would be suitable for replication in other jurisdictions	3. Completed and Replication Manual printed
4. Conduct a conference for representatives of the public schools and the health departments for each of the 23 districts in Maryland	4. Efforts were placed on contacts with individual LEA's. The entire state Special Education staff attended a presentation
5. Make plans for Montgomery County Public Schools and the Health Department to take over funding and operations of DESC	5. Funds for positions and additional service activities were approved in budgets for both agencies for the year beginning July 1, 1979

DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN

Performance Report By

Montgomery County Health Department

Montgomery County Public Schools

July, 1979

PERFORMANCE REPORT

In reporting project achievement during the third project year, each performance area, as specified in the program performance report guide, will be addressed separately. The performance area is stated, the related objectives and indicators listed, and the proposed activities discussed in terms of achievement.

PERFORMANCE AREA:

(1) Direct and Supplemental Services for Children

PROPOSED OBJECTIVE:

Provide intensive, interagency, interdisciplinary diagnostic services to complete comprehensive evaluations on children including recommendations for effective interventions

PROPOSED INDICATORS:

- Adequacy of assessment procedures and instrumentation
- Utilization of diagnostic nursery
- Appropriateness and feasibility of recommendations
- Comprehensiveness of evaluation reports

PROPOSED ACTIVITIES AND OBSERVED ACCOMPLISHMENTS:

Activity (1) Develop procedures and instrumentation for educational, psychological and medical assessment of children's problems

During the first project year, a set of procedures and instrumentation for evaluating and reporting children's problems was developed. Figure 1 illustrates the steps involved in the entire evaluation process, and Figure 2 illustrates the assessment process utilized for each child. For the narrative supporting and elaborating each figure, see Appendix D.

DESC: The Evaluation Process

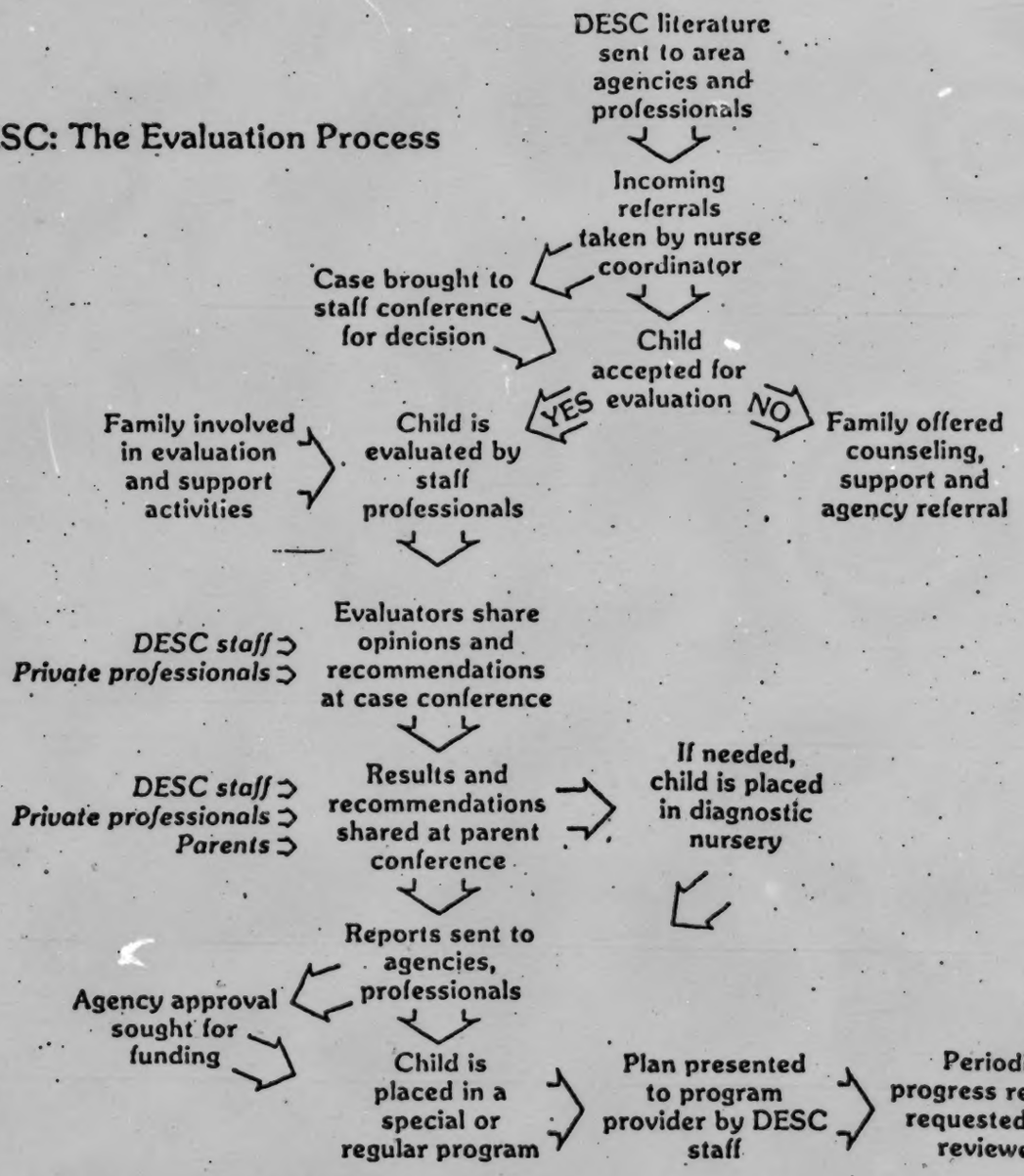
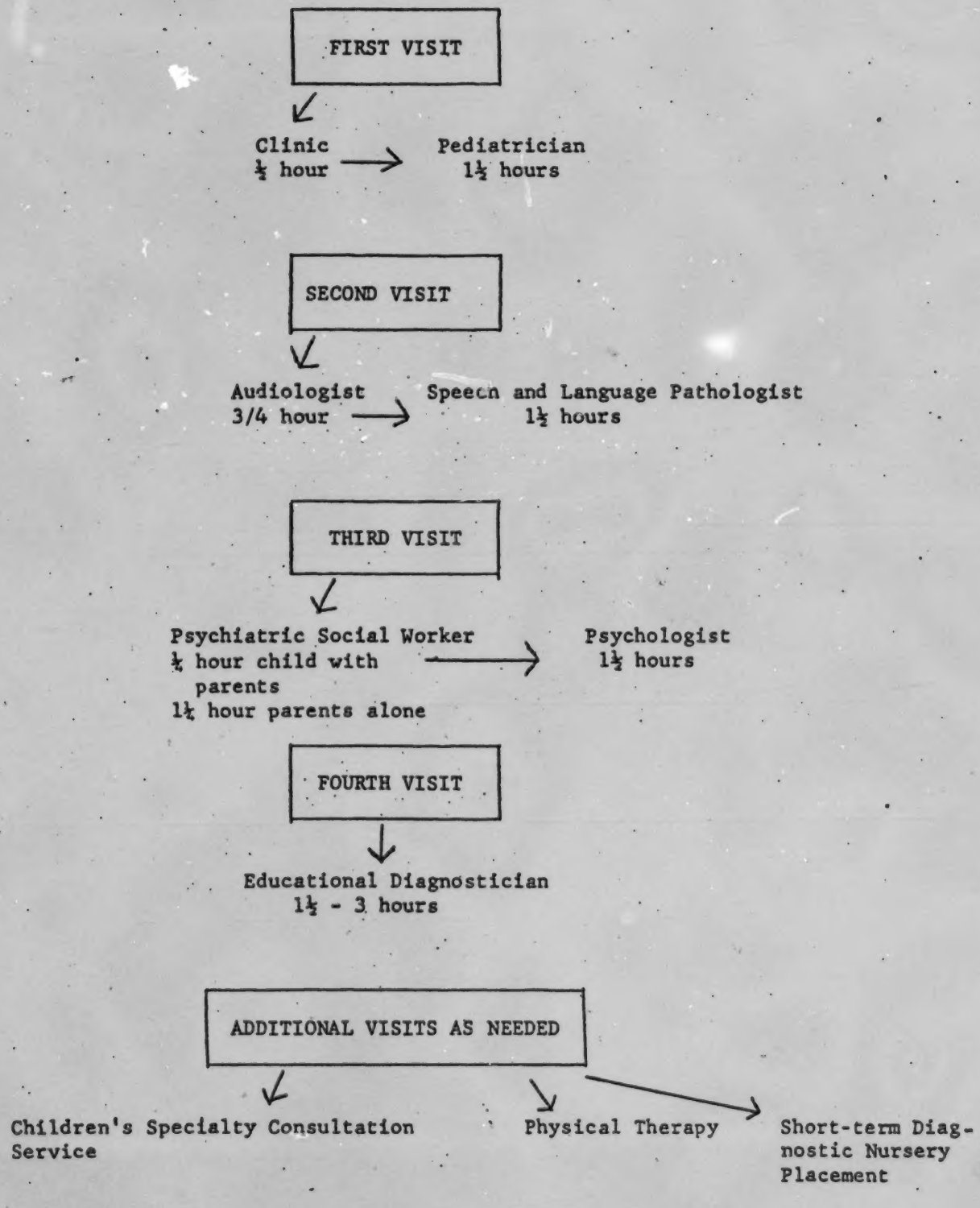

DESC literature sent to area agencies and professionals
Incoming referrals taken by nurse coordinator
Case brought to staff conference for decision
Child accepted for evaluation
YES
NO
Family involved in evaluation and support activities
Child is evaluated by staff professionals
Family offered counseling, support and agency referral
DESC staff
Private professionals
Evaluators share opinions and recommendations at case conference
DESC staff
Private professionals
Parents
Results and recommendations shared at parent conference
If needed, child is placed in diagnostic nursery
Reports sent to agencies, professionals
Agency approval sought for funding
Child is placed in a special or regular program
Plan presented to program provider by DESC staff
Periodic progress reports requested and reviewed
Consultation and liaison available to program provider

FIGURE 1

FIGURE 2

THE CHILD'S ASSESSMENT



During the second project year, DESC staff completed the standardization of the procedures and instruments used in assessments. The purpose of this effort was first to identify, itemize, and coordinate staff assessment activities to eliminate duplication of efforts and second to prepare a guide for replication of DESC assessment activities. The materials which were developed as a result of these standardizing efforts include a listing of the diagnostic areas addressed by each DESC staff member during the assessment/evaluation process, as well as the procedures and instruments used in examining these areas (where appropriate). At the suggestion of the Bureau of Education for the Handicapped (BEH) project officers, a matrix of the tests performed by each evaluator was developed, with accompanying rationale. Overlaps were identified and eliminated if possible. The time spent by different professionals in different areas of examination was studied with a view towards achieving greater efficiency. Abbreviated evaluations were initiated for children in the 0-2-year age group. Documentation of these activities is attached as Appendix E.

In refining the DESC evaluation procedures, a single medical and developmental history form (Core History Form - Appendix F-1) was developed to provide information necessary to determine if a DESC evaluation is necessary. Each professional refers to it during his evaluation to use previous evaluators' information and avoid repetitive questioning. Each evaluator limits history questioning to that data pertinent to his own area of examination. A pediatric guide (Appendix F-2) was developed to complement this history and provide a format for a standardized neuro-developmental examination which includes a minimum number of activities to be performed. Each discipline developed or obtained forms on which the data specific to the examination is recorded. An Evaluation Record Summary form (Appendix F-3) was designed so that reporting could be streamlined and standardized. The format of the preconference was refined for maximum efficiency and effectiveness. The parent conference was structured to encourage maximum parent participation.

During the second project year, criteria for admission were developed. All children with real or suspected developmental delays could not be evaluated because of staff time limitations. Facilities for children with problems in one area were available in the county, so only children with delays or suspected delays in two or more areas were accepted for the multidisciplinary team approach. Problem areas include cognitive, fine and gross motor, language, medical, and social/adaptive. Criteria are included in Appendix G.

During the third project year, the emphasis was on dissemination; thus the model remained essentially static. The procedures, instrumentation, and forms were included in the Replication Manual used in Year III.

During Year III, 102 children were evaluated. Year III figures indicate a significant decrease in the waiting period for the first appointment and a slight and questionably significant increase in the number of days needed for an evaluation. Newly revised, more stringent eligibility criteria may account for the decreased waiting period. The severity of the winter, resulting in seven public school snow days, instead of the usual two-four, was one factor in the average increased number of days needed for completing the evaluation.

FIGURE 3

Mean Number of Calendar Days Per Case

	Referral to First Appointment	First Appointment to Completion
YEAR II	54	18
YEAR III	39	20

Activity (2) Use the skills of the interdisciplinary staff to implement the diagnostic procedures

In implementing the previously described procedures, DESC staff has attempted to perform its services as efficiently as possible without compromising the quality of the services provided. A staff priority of the second project year, i.e., to implement the diagnostic procedures with greater efficiency, was also an emphasis of the third year.

The intent was to serve 225 children in each of the second and third project years. In view of the number of days and hours necessary for evaluation and related tasks, it would not have been feasible with the present staff to evaluate this number of children in a year's time. In addition, the focus of third year activity was dissemination, demonstration, and the completion of a replication manual, efforts which took professionals' time away from direct evaluation services.

Activity (3) Establish a diagnostic nursery for children whose problems are more obscure and who require more time for evaluation

A unique feature in the DESC evaluation program is the diagnostic nursery which serves those children who have presented an inconsistent performance pattern during the initial evaluation process and/or those who need a nursery environment to assess adequately their ability. An observation booth allows the parents to learn management techniques as they observe their children to determine whether a comprehensive evaluation is appropriate. Seventeen children were observed in the nursery in the third project year. Each of these children spent a minimum of 20 hours in the nursery, and a few spent as many as 63 hours there. Each child-hour represents a minimum of two hours of professional time, since one educational diagnostician is with the child in the nursery, while at least one professional interacts with the parents in the observation booth. The nursery provides a flexible diagnostic tool with an ever increasing number of uses. A complete description of the diagnostic nursery operation appears in Appendix H.

Activity (4) Compile diagnostic information into a comprehensive evaluation record with recommendations for appropriate intervention

Detailed record-keeping is necessary to the performance of DESC operations. A comprehensive evaluation record is compiled during the assessment, using the forms shown in Appendix F. These forms are continually being refined to provide the most thorough documentation of the data compiled during a child's

evaluation.

In detailing the results of the evaluation, records are kept on reason for referral, the primary/secondary causes of the child's problems, the determined handicapping conditions, the areas of greatest need in terms of intervention, and the placement recommendation made by DESC as a result of their findings.

Table 1 shows the primary and secondary reasons given for the referral of children evaluated during Year III.

TABLE 1

Primary and Secondary Reason for Referral of Children Evaluated During Third Project Year (7/1/78 - 6/30/79) N = 102

	Number of Children	
Reason for Referral	Primary Reason For Referral	Secondary Reason For Referral*
General Developmental Delay	23	14
Specific Developmental Delay	13	43
Specific Learning Disability	3	13
Hearing, Language, Speech	44	32
Emotional, Behavioral Problem	14	36
Neurological Problem	3	4
Specific Other Physical Handicap	0	9
Other (e.g., chronic illness, hyperactivity, environmental deprivation)	2	22

*There may be multiple secondary reasons.

In reviewing the reasons given by referral sources for referring children to DESC, hearing, language and speech problems emerged as the primary areas of need for children identified for evaluation (43 percent). General developmental delays also represented a primary area of need in children who were referred for evaluation (23 percent). One-third of all children referred had emotional/behavioral problems as a secondary reason for referral.

Table 2 shows the primary and secondary causes of the children's problems, as determined by evaluations during the third project year. A determination

of the actual cause of the child's problem is often difficult, as evidenced by the large number of children whose causal problems are categorized as unknown (62 percent). This figure is comparable to statistics gathered by other programs of this type. In all cases, remediation for the child is planned and based on the handicapping condition manifested rather than on its cause. Thus, every child is able to receive a placement or intervention recommendation which is deemed appropriate and feasible by the project staff.

TABLE 2

Primary and Secondary Causes of Problems of Children Evaluated During Third Project Year (7/1/78 - 6/30/79) N = 102

	Number of Children	
CAUSES OF PROBLEMS	Primary Cause of Problems	Secondary Causes of Problems*
Acquired Central Nervous System Trauma or Disease	4	1
Chromosomal Abnormalities	6	1
Congenital Blindness	1	1
Congenital Deafness	2	0
Congenital Neurological Abnormalities	7	1
Multiple Congenital Abnormalities	2	3
Prenatal Infection or Insult	4	2
Perinatal Infection or Insult	6	1
Parent Neglect/Incompetence/ Lack of Stimulation	7	2
Other (e.g., inherited trait, neurological immaturity)	0	1
Unknown	63	0

*There may be multiple secondary causes.

Table 3 shows the handicapping conditions identified as a result of evaluations conducted during the third project year. The distribution of handicaps is consistent with data reported on a national level by other school districts

who have conducted programs for handicapped children. The categories utilized in this table are those designated by the Bureau of the Education of the Handicapped.

TABLE 3

Handicapping Conditions of Children Evaluated During Third Project Year
(7/1/78 - 6/30/79) N = 102

Handicap	Number of Children by Age 0-2 yrs.	3-5 yrs.	Total
Trainable Mentally Retarded	0	1	1
Educable Mentally Retarded	3	9	12
Specific Learning Disabilities	2	15	17
Deaf-Blind	0	0	0
Deaf/Hard of Hearing	0	1	1
Visually Handicapped	0	2	2
Emotionally Impaired/Seriously Emotionally Disturbed	1	10	11
Speech Impaired/Language Disability	7	24	31
Other Health Impaired	6	12	18
Orthopedically Impaired	1	4	5
No Handicapping Condition	3	1	4
TOTALS	23	79	102
Multihandicapped (those children with handicaps in three areas, included in one area above)	1	4	5

After diagnosis, the next step for DESC in the evaluation/assessment process is the determination of areas of need for the child, based on the

diagnosed handicapping conditions. As may be expected, considering that 48 percent of the children manifested speech/language or specific learning disabilities, the three primary service need areas for children were speech and language intervention (35 percent), total developmental intervention (27 percent), and specific learning intervention (11 percent). The areas of greatest service need are shown in Table 4.

TABLE 4

Area of Greatest Service Need of Children Evaluated During Third Project Year (7/1/78 - 6/30/79) N = 102

	Number of Children	
Areas of Need	Primary Need	Secondary Need[1]
Speech and Language Intervention	35	29
Specific Learning Intervention[2]	11	23
Total Developmental Intervention[3]	27	16
Hearing, Associated Communication Intervention	2	5
Parent Education/Counseling	5	50
Mental Health Counseling	10	19
Specialized Medical Services	5	38
Physical Therapy	3	16
Other (Social Services, etc.)	0	7
No Services Needed	5	0

1 There may be multiple secondary service needs.
2 Specific Learning Intervention: educational strategies are used to assist the child in developing alternative learning styles when one or more modalities seem deficient.
3 Total Developmental Intervention: special educational program to stimulate all areas of development and may or may not include additional intensive intervention in one or more specific areas.

An examination of the areas of need indicates that the greatest number of children required speech and language intervention; the second greatest number needed help in all developmental areas. The most common areas of secondary

need were parent counseling and secondary medical services such as eye, ear, nose, throat and other special medical evaluations and treatment.

For the five percent of children judged not handicapped, DESC staff was able to recommend some service intervention for these children whose dysfunction was strongly enough suspected to merit a full evaluation. In some cases, parent education and/or counseling was indicated. In others, school staff were counseled in appropriate educational strategies to help the child attain optimum performance.

Based on the primary and secondary areas of need, DESC has made placement and treatment recommendations. These recommendations are shown in Table 5. The types of recommendations shown in the table are grouped into three categories based on the specifications of the Bureau of Education for the Handicapped: integrated placements in regular programs (mainstreamed), special education placements in classes only for handicapped children situated in regular schools, and institutional placements in classes only for the handicapped situated in schools which cater to only the handicapped.

TABLE 5

Placement Recommendations for Children Evaluated During Third Project Year (7/1/78 - 6/30/79) N = 102

TYPE OF PLACEMENT			
INTEGRATED PLACEMENTS In Regular Programs With Children Who Are Not Handicapped	SPECIAL EDUCATION PLACEMENTS In Classes Only Handicapped Situated Regular Schools	INSTITUTIONAL PLACEMENTS In Classes Only Handicapped Schools Only Handicapped	NO PLACEMENT NEEDED Child Stay Home Until Appropriate Age Regular Placement
Number	Number	Number	Number
MCPS Regular Ed - No Support 2	MCPS Special Education 5	MCPS Learning Centers 3	2
MCPS Head Start 5	MCPS Auditory Class 1	MCPS Early Childhood Project 4	
	MCPS Language Class 2	Easter Seal 21	
MCPS Regular Education With Support 8	MCPS Non-Categorical 4	Montgomery County Association for Retarded Citizens 13	
Private (Parochial and Non-Parochial) 12	MCPS Self-Contained Diagnostic/Prescriptive 0	Christ Church Child Center 2	
	MCPS Pre-Academic 10	Center for Handicapped 6	
	MCPS SLD Class 1	Other 1	
TOTAL 27	23	50	2

It may be noted that the category of placement recommended most often (50 percent) was that of institutional placement. While integrated placements constitute 27 percent of the placement recommendations, our record keeping system does not tabulate the number of children in these placements who are receiving special support in the form of "out-patient", itinerant, or in-program services with a speech pathologist, psychologist, or social worker.

Upon completion of the evaluation, a conference is held with parents and involved professionals such as the child's teacher, community health nurse, social worker, etc., to interpret DESC findings, make recommendations, and develop an Educational Management Plan (EMP) for each child. Conference notes are recorded on the Conference Summary as shown in Appendix I. Subsequently, with written parental permission, comprehensive summary reports are sent to those present at the conference and any other involved professionals and agencies. These parties are then surveyed by DESC to determine in their judgment the appropriateness and comprehensiveness of DESC services and recommendations. Responses to the returned surveys are shown in Table 6 and 6A, and the survey forms are contained in Appendix J, Responses indicate that there was an overwhelmingly positive reaction from professionals to DESC assessments, evaluations, and recommendations. Many professional participants included statements of praise and encouragement in their comments, e.g.,"...very impressed with the thoroughness of all the professionals...hope that DESC will be with us for a long time", "...marvelous job", and "extremely informative conference, well organized, and complete".

TABLE 6

Responses to Surveys Administered to Professional Conference Participants* During Third Project Year (7/1/78 - 6/30/79) N = 60

	Responses			
Survey Question	Number Yes	Number No	Percent Yes of Yes/No	Number No Response/ Not applicable
1. Were you familiar with DESC before being invited to the conference?	46	14	77	0
2. Do you feel the evaluation was complete?	51	7	85	2
3. Do you feel as though your individual expertise was used at the conference?	53	6	88	1
4. Were the recommendations useful to you in working with the a) child	46	4	77	10
b) family	41	6	68	13

* Professional participants included teachers (27), community health nurses (18), social workers (5), physical therapist (1), private speech therapist (1), MCHD physicians (2), private program directors (4), pupil personnel workers (2).

TABLE 6A

Responses to Surveys Administered to Preschool Admission Review and Dismissal Committee During Third Project Year (7/1/78 - 6/30/79) N = 49

Survey Question	Responses		
	Number Yes	Number No	Percent Yes of Yes/No
1. Do you feel the evaluations were complete?	49	0	100
2. Was the information resulting from the DESC assessment useful in planning placement for the child?	49	0	100
3. Was complete information regarding the DESC assessment received from DESC promptly?	48	1	98
4. Did you choose to implement the type of placement recommended by DESC?	43	6	87

Placement recommendations were made for all children evaluated in the third project year. Follow-up data on the actual placements of these children show that all but 28 of these 102 have been placed in the type of placement recommended by DESC. The reasons for the differences in actual versus recommended placements for these 28 children are represented in Table 7. While parent nonacceptance of the recommended program ranks as the reason most often cited for differences in placement versus recommendation, the reasons for non-acceptance varied. Parent disagreement with the appropriateness of the placement was one issue but additional considerations were financial limitations, lack of transportation, scheduling conflicts, sibling needs, parochial and other preferences. The data in Table 7 indicate that there are several areas of need in terms of service availability and accessibility. These gaps in service are discussed more fully in Performance Area(3), Activity (5).

TABLE 7

Reason Actual Placement Differed from Those Recommended for All Children Evaluated During Third Project Year (7/1/78 - 6/30/79) N = 28

REASON	NUMBER OF CHILDREN
Parents did not accept program	7
Parents did not follow through	3
Children were judged not to meet entrance criteria for program	0
No such program in child's area and no transportation to program location	5
Family moved out of county	3
Preschool Admissions Review Committee (PARC) chose other placement	1
Program full	4
No program available in metropolitan area	1
MCPS area personnel chose other placement	1
Placement pending	3

PERFORMANCE AREA:

(2) Parent/Family Participation

PROPOSED OBJECTIVE:

Improve understanding by parents of their children's problems and needs so that they will obtain appropriate interventions.

PROPOSED INDICATORS:

- Parent involvement in the diagnostic process
- Attendance at programs provided for parents
- Enrollment of child in appropriate program

PROPOSED ACTIVITIES AND OBSERVED ACCOMPLISHMENTS:

Activity (1) Involve parents in the diagnostic activities in order to elicit information from them and to observe their interaction with their children

Parent involvement begins with monthly group meetings conducted by the nurse coordinator to orient parents who have upcoming appointments. Private sessions are scheduled on request. Once the evaluation is underway, parents are instrumental in providing necessary history, participating in the evaluation appointments, developing the plan for the child at the parent conference, and participating in the diagnostic nursery if nursery placement is indicated.

Nursery participation allows the parents to observe the child's behavior with professionals and other children. Interaction with the parents gives staff the opportunity to discuss possible intervention and remedial techniques. Methods of developing parents' skills in necessary areas are also discussed. Parent participation in the DESC process is outlined in Appendix K developed for replication effort.

Activity (2) Demonstrate appropriate interaction and remedial techniques to parents during the evaluation and follow-up conference

During the evaluations, the staff often develops techniques to deal with behaviors that might cause academic and social problems. The parents can observe these techniques. An important function of the diagnostic nursery is to demonstrate appropriate interaction and remedial techniques while the parent is watching from the observation booth. For this reason, parents are required to observe the nursery one day a week. Follow-up conferences after the parent conference or diagnostic nursery may be arranged to discuss more effective child management techniques.

Activity (3) Provide short-term counseling and support to parents, including referral to other agencies as appropriate

Support and services are provided all parents regardless of whether or not their child is accepted for evaluation. The primary service rendered parents of children not evaluated was that of counseling and referral to the appropriate resource for help. Forty-two percent of these parents were referred to MCPS resources, 37 percent were referred to MCHD resources, with the remainder referred to private Mental Health resources (11 percent), Department of Social Services (1 percent), miscellaneous private programs (4 percent), and private physicians (5 percent).

For parents of children evaluated during Year III, counseling represented the service most often provided by DESC staff. In addition to routine, informal counseling, up to four counseling sessions with the psychiatric social worker or psychologist are offered to some of the parents of children evaluated. If long-term counseling is recommended, parents are referred to an appropriate resource, such as Montgomery County Public Schools' Department of Adult Education/Parent Education Classes, Montgomery County Association for Retarded Citizens' Parent-Child Programs, or other community or private mental health services.

DESC offered transportation by taxi to all appointments. This support to parents was used by 27 percent of DESC families, up from 4 percent and 16 percent in Years I and II, respectively.

Table 8 shows all services provided to families of children evaluated during Year III. Referral to other resources and home visiting for intake observation and history were also utilized by the families.

TABLE 8

Services Provided to Families of Children Evaluated During Third Project Year (7/1/78 - 6/30/79) N = 102

Service Provided	Number Served*
Counseling	86
Transportation	28
Referral to other resources	12
Provision of Literature	4
Home Visit	10
Demonstration	2
Other (consultation, case review, court attendance)	1

* Families may have received services in more than one category.

At the parent conferences, the right to education for all handicapped children is usually discussed and parents are given county and state brochures, if appropriate.

Activity (4) Discuss with parents the results of the evaluation and the recommendations for intervention

Because parents are involved in the development of an Educational Management Plan for their child, both parents' presence during the evaluation appointments, and especially at the final case conference, is strongly encouraged by DESC staff.

In examining parent participation in Year III case conferences, two-parent attendance occurred in 62 percent and one-parent attendance in 37 percent, of the case conferences held. It should be noted that 73 percent of Year III children came from two-parent families, 21 percent from single-parent families, and 6 percent from foster parent families. Two-parent attendance occurred in 76 percent of two-parent families, in 19 percent of single-parent families, and in 33 percent of foster parent families.

Following the evaluation, parents' impressions of DESC services were obtained through the Parent Survey Form (Appendix J-3). Parents' comments both on the survey and in their unsolicited letters of gratitude, are emphatic evidence of their appreciation for DESC. Parents found their experience with DESC invaluable to their child's remediation. They noted the time and effort the staff gave to them in interpreting findings, reassuring them, and providing support to them.

Outstanding features mentioned by the parents were the staff's competence, concern, and compassion. Several patients expressed regret that they had not been made aware of DESC services sooner, noting that they felt they lost valuable remediation time. As in Year I and II, parents were bothered by the length of the waiting period until the child could be seen; and the bureaucratic "red tape" involved in obtaining the appropriate placement. Actual responses to the Parent Survey are presented in Table 9. The parent's responses indicate an extremely high degree of satisfaction with every aspect of the project. Parents were unanimous in their assertion that the program was one that they would recommend to others. Sample comments indicate parents feel "... privileged to have such a service available", "pleased that everyone was and still is very concerned", "confident that their (DESC) findings are accurate", and "pleased with attention and consideration.....high level of exchange among team members".

TABLE 9

Responses to Surveys Administered to Parents During Third Project Year
(7/1/78 - 6/30/79) N = 73

Survey Questions	Adjusted Percent* Positive Responses	NUMBER Yes	No	Not Applicable No Response
1. Do you feel that the DESC clinic was adequately explained to you before the evaluations were scheduled?	95	69	4	0
2. Was the scheduling convenient for you?	96	69	3	1
3. If you used our transportation services, was it satisfactory?	82	14	3	56
4. Did you feel that the staff devoted enough time to you and your child?	99	72	1	0
5. Did the staff allay any anxiety you might have had during the evaluation process?	92	61	5	7
6. Were your questions answered to your satisfaction at the parent conference?	99	71	1	1
7. Was the information understandable re:				
Educational diagnostic evaluation?	99	70	1	2
Hearing, language and speech evaluation?	100	70	0	3
Medical examination?	100	69	0	4
Psychological evaluation?	100	65	0	8
8. Did this evaluation assist you in finding an appropriate placement for your child?	93	54	4	15
9. Would you recommend that others take advantage of this service?	100	73	0	0
10. Did you feel that the case manager was helpful and assisted you:				
a) Throughout the DESC assessment	95	63	3	7
b) After the assessment	98	52	1	20

*Percent adjusted to exclude responses other than yes/no

PERFORMANCE AREA:

(3) Assessment of Child's Progress

PROPOSED OBJECTIVE:

Provide follow-up to promote implementation of evaluation recommendations.

PROPOSED INDICATORS:

- Transmittal of recommendations to program operators
- Receipt of progress reports
- Notification of gaps in programs and services

PROPOSED ACTIVITIES AND OBSERVED ACCOMPLISHMENTS:

Activity (1) Interpret the evaluation record to those responsible for the intervention so that they can understand the diagnosis and recommendations.

Visits to the program where the child was placed to assist with interpretation and implementation of recommendations and development of the Individualized Educational Program (IEP) were made by the Educational Diagnostician. Of those children evaluated in Year III, interpretative visits were done for 46 percent of the cases evaluated (46 children). Random study of selected site visits indicated that the average interpretation took three hours with individual cases ranging from 2 to 5 hours. In 22 percent of the cases, a second visit was made within a month of the first.

Activity (2) Establish a liaison with those responsible for intervention

A procedure was established so that DESC staff members would be responsible for liaison activities with selected programs (e.g., the psychologist is the liaison person assigned to Montgomery County Association for Retarded Citizens, the audiologist to Easter Seal, the nurse coordinator to Center for the Handicapped, and the educational diagnostician to remaining programs). These staff members made on-site visits to the programs in an effort to monitor placements and provide consultation.

Activity (3) Provide continuing consultation on request to those responsible for intervention

During the first year of placement, in addition to the initial interpretation and liaison visits, continuing consultation was given on request, so that close contact could be maintained with the program operators and the children. Subsequently, routine contact was, of necessity, done by telephone and correspondence; however, requests for on-site consultation were honored whenever possible.

Activity (4) Establish a record system to monitor placements including six month progress reports

Periodic progress reports on the forms shown in Appendix L-1 and L-2 were prepared for program operators to complete on children evaluated at DESC. In Years I and II, they were requested six weeks, six months and one year after placement. Only one third were returned despite reminders. In Year III, reports were requested three months after placement and at the end of the program year. The return rate increased to only one-half.

For this reason, the Department of Educational Accountability of Montgomery County Public Schools conducted interviews with program operators to measure the progress of children who were enrolled after DESC evaluation, the quality of the Agency's contact with DESC and their attitude toward DESC. The forms used for this interview and the results are included in Appendix M-1.

With the strong encouragement of the DESC Advisory Committee, the Department of Educational Accountability undertook a longitudinal Study to further monitor the progress of the children referred to DESC. The forms used and the results obtained are included in Appendices M-2 and M-3.

Activity (5) Document and bring to the attention of health and educational personnel gaps in programs or services

During Year III, DESC personnel identified the following gaps in service and brought them to the attention of appropriate health and educational personnel:

1. Placements for preschool children with mild to moderate emotional problems or hyperactivity with normal or near normal development.
2. Placements for preschool children who demonstrate appropriate development and functioning on all tests but whose performance is qualitatively poor indicating a risk for learning disabilities.
3. Placements for school age children who, due to severe language problems, rely on "signing" as their means of expressive and/or receptive mode of communicating even though they have normal hearing.
4. Placements for non-English speaking handicapped students.
5. A stronger parent advocate/liaison to assist parents before and after the DESC process and to support follow-up after placement.

PERFORMANCE AREA:

(4) Inservice Training for Project Staff

PROPOSED OBJECTIVE:

Provide inservice opportunities in the field of handicapping conditions for health and education personnel to increase knowledge and understanding of disabilities and appropriate interventions.

PROPOSED INDICATORS:

- Number of personnel attending seminars and courses planned and coordinated by project staff
- Number of personnel observing and participating in diagnostic activities

PROPOSED ACTIVITIES AND OBSERVED ACCOMPLISHMENTS:

Activity (1) Develop a curriculum and continuing in-service training for project staff

During Year II, in-service for DESC staff and staff members of related community resources was emphasized. During Year III, the emphasis was shifted to dissemination. The DESC staff participated in and profited from many professional meetings national, statewide, and in the community and the other dissemination activities during which exchange of ideas was encouraged. (See Appendix N for list of meetings attended.)

Activity (2) Cooperate with other agencies and organizations in planning, coordinating, and delivering workshops and courses on handicapping conditions.

DESC staff members presented about 55 programs to 1000 people from other groups. (See summary of dissemination activities - Performance Area 6.) Several of these programs were developed with the MCPS Child Find Office, Head Start, the Early Education Project (another Bureau for Education of the Handicapped Project), the Montgomery County Health Department Day Care Section, and George Washington University.

PERFORMANCE AREA:

(5) Training for Personnel from Other Programs or Agencies

PROPOSED OBJECTIVE:

Provide in-service opportunities in the field of handicapping conditions for health and education personnel to increase knowledge and understanding of disabilities and appropriate interventions

PROPOSED INDICATORS:

- Number of personnel attending seminars and courses planned and coordinated by project staff
- Number of personnel observing and participating in diagnostic activities

PROPOSED ACTIVITIES AND OBSERVED ACCOMPLISHMENTS:

Activity (1) Demonstrate diagnostic activities at other locations in the county to provide more opportunities for observations

Demonstrations of diagnostic activities were presented to the Montgomery County Head Start program and the Early Education Project. Twelve Head Start and six Early Education Project staff members were involved. Five children with developmental delays from classes in these two programs were evaluated and conferenced at their site with personnel from the programs. Educational diagnostic demonstrations were included in the on-site presentations to five other groups in Montgomery and other counties (see Appendix O).

Activity (2) Invite other professionals to participate in selected evaluation activities for short periods of time

During Year III, over an extended period, three graduate students on the masters level (in audiology, psychology, and special education) interned with the program. A resident in pediatrics, a resident in family medicine, and a medical student participated in the evaluation of one or two children. Teachers, community health nurses, and social workers also participated in the evaluations of children referred by them.

Activity (3) Provide opportunities for health and educational personnel to observe diagnostic activities at the project site

During Year III, a total of 66 health and education personnel observed diagnostic activities at the project site. This included nursing students, education students, teachers and administrative staff of MCPS, teachers and administrative staff of other school systems, representatives of diagnostic centers, nurses, and members of private services agencies.

PERFORMANCE AREA:

(6) Demonstration and Dissemination Activities

PROPOSED OBJECTIVES:

Promote awareness of potentially handicapping conditions, implications of early intervention, and the availability of diagnostic services to enable a maximum number of children to be referred for comprehensive evaluations. Disseminate information about the objectives, operations, and outcomes of the Developmental Evaluation Services for Children so that other communities can utilize the ideas or adapt the model to their needs.

PROPOSED INDICATORS:

- Production and dissemination of materials describing the project
- Maximum number and appropriateness of referrals
- Breadth of agency/personnel referrals
- Reduction in number of handicapped children newly identified at pre-Kindergarten registration
- Sponsorship of a state conference on developmental evaluation services for children with emphasis on a local interagency relationship

PROPOSED ACTIVITIES AND OBSERVED ACCOMPLISHMENTS:

Activity (1) Provide speakers to specific agencies, organizations and groups that share an interest in developmental problems of preschoolers.

DESC professionals have made presentations to local and out-of-county service, education, parent, medical, and government groups. In addition, presentations have been given at out-of-county professional conferences. The DESC presentation list, Appendix O, describes the details of each presentation; and a survey form, as shown in Appendix P, is used for audience reaction. Results of the audience surveys, shown in Table 10, indicate a high percentage (91 percent) of the audience would "recommend the DESC presentation to colleagues and other people concerned with early childhood". A smaller percentage (70 percent) said they received "immediately useful information".

TABLE 10

Responses to Surveys Administered to Audiences at DESC Presentations During Third Project Year (7/1/78 - 6/30/79)

	Responses		
Survey Area	Percent Positive	Percent Medium	Percent Negative
1. The content of the DESC presentation accurately followed the title and advance description.	95	5	0
2. The presentation gives me immediately useful information that I can put into action.	86	14	0
3. I will recommend the DESC presentation to colleagues and other people concerned with early childhood.	91	9	0

Activity (2) Produce written materials such as flyers or brochures which describe children's handicapping conditions, implications of early intervention, and diagnostic services available.

The brochure produced in Years I and II was revised in Year III; and as in the two previous years, 1000 copies were distributed to area agencies. This brochure, shown in Appendix P, was designed to promote awareness of DESC services, the disciplines represented on the staff, and the eligibility requirements for evaluations. It was designed for service users. A project overview was designed during Year III to explain the program to other professionals interested in learning about DESC (see Appendix C).

Activity (3) Distribute these materials to personnel who come in contact with preschoolers such as parents, pediatricians, nurses, and day care nursery staff.

Recipients of more than 3000 DESC brochures over DESC's first three years have included local health and social service centers, schools, colleges, libraries, and day care centers. Appendix R lists recipients of brochures in Year III. A special mailing of an explanatory letter, overview, and brochure was sent out to 126 physicians in the area so that they could better understand the DESC program and the criteria for acceptance. The project overview was included in mailings to professionals and distributed at presentations to professional groups as described in Performance Area 8. Over 2000 have been distributed.

Activity (4) Provide public service agencies with information so that their audiences can be made aware of handicapping conditions and implications for early intervention and availability of diagnostic services.

During Year III the MCPS Child Find effort provided the public service agencies with information about early identification and the availability of diagnostic services. In an effort to determine the effectiveness of DESC and Child Find dissemination activities with regard to incoming referrals, these referrals were examined. The following tables and text illustrate the number and characteristics of referrals received, their source, the reason given for referral and their disposition, i.e., whether they were accepted for evaluation, and if not, the reason for their non-acceptance.

During the third project year, 229 children were referred to DESC for evaluation; 131 were accepted for evaluation (29 in process at the end of Year III) and 98 were not accepted.

TABLE 11

Number and Disposition of Incoming Referrals by Program Year

	Year I 7/1/76-6/30/77		Year II 7/1/77-6/30/78		Year III 7/1/78-6/30/79		Totals
	N	Percent	N	Percent	N	Percent	N
Accepted	84	61	148	66	131	57	363
Not Accepted	53	39	76	34	98	43	227
TOTAL	137	100	224	100	229	100	590

It may be noted that approximately the same number of children were referred for evaluation in the third project year as in the second project year. Thus it seems that awareness of the program is remaining constant despite the primary emphasis on replication rather than on publicizing the services during the third project year.

The increase in the number of cases not accepted probably represents the refinement of acceptance criteria during this third year.

Table 12 shows the reason for nonacceptance of children who were referred to DESC. It may be noted that the greatest number of cases were not accepted because the children needed primarily hearing and/or language and speech evaluations or were an inappropriate age for DESC and were referred to MCPS Diagnostic and Professional Support Team.

TABLE 12

Reasons Children were not Accepted for Evaluation During the Third Project Year (7/1/78 - 6/30/79) N = 98

Reason for Nonacceptance	Number of Children
-Appropriately Placed and Making Progress This represents children in regular and special education programs who were progressing well in those placements and for whom evaluation and new placement consideration was deemed unnecessary.	4
-Adequate Evaluation Previously Done Evaluations previously performed by private resources were considered adequate for making placement recommendations.	8
-Hearing, Language, and Speech Delays Only These children were referred to the Montgomery County Health Department Hearing, Language, and Speech Services or Easter Seal Treatment Center in order to evaluate them further in instances where these problems seemed primary	28
-Emotional/Behavioral Problems Only Children with normal birth histories and without developmental delays whose primary problems were emotional/behavioral were referred to a child mental health facility.	9
-Other Problems--Evaluation Resources Available Elsewhere Available resources included health teams in the Montgomery County Health Department Community Health Centers and private psychiatric and health resources.	13
-Inappropriate Age MCPS pupil personnel services or Diagnostic & Professional Support Team were used as a resource for school-age children referred.	25
-Nonresident of Montgomery County	3
-No Developmental Delays. No Indication of Any Problems. Counsel and support was offered to parents, literature was suggested, and parents were referred to appropriate parent education programs.	6
-Other	2
TOTAL	98

While the original intent was that DESC would serve all children who were birth to 8 years, had potentially handicapping conditions, and met residency requirements, the experience of the first project year led to a redefinition of the criteria for acceptance. The focus of DESC has been narrowed to preschool children who have developmental handicaps or delays in two or more areas. In addition, Montgomery County Public Schools has assumed the responsibility for evaluating school-age students from parochial and private schools, alleviating responsibility for DESC service coverage for these children. The criteria for acceptance which was developed during Year II and refined in the third year is discussed under Performance Area I, Activity I.

In examining the referral data for the third project year, it is noted that the ratio of boys to girls exceeds 2 to 1, as does the ratio of boys to girls accepted for evaluation. These data are shown in Table 13. Nationally, boys are referred about twice as often as girls for diagnosis of suspected handicaps.

TABLE 13

Percent of Total Children Referred by Sex During Third Project Year (7/1/78 - 6/30/79) N = 229

	Accepted		Not Accepted		Totals	
	N	Percent	N	Percent	N	Percent
Male	91	40	70	31	161	70
Female	40	17	28	12	68	30
TOTAL	131	57	98	43	229	100

It may also be observed by examining Table 14 that the racial composition of the children referred to DESC is approximately consistent with the racial composition of students as a whole in Montgomery County Public Schools (i.e., 81 percent white, 11 percent black, 0.2 percent American Indian, 4 percent Asian and 3 percent Hispanic).

TABLE 14

Percent of Total Children Referred by Race During Third Project Year (7/1/78-6/30/79)

Race	REFERRALS ACCEPTED N	Percent	REFERRALS NOT ACCEPTED N	Percent	TOTALS N	Percent
White	89	39	71	31	160	70
Black	28	12	8	4	36	16
American	0	0	0	0	0	0
Asian	7	3	3	1	10	4
Hispanic	6	3	7	3	13	6
Unidentified	1	*	9	4	10	4
TOTAL	131	57	98	43	229	100

* Less than 1 percent

An examination of the area of residence of children referred confirms that DESC dissemination efforts have been widespread and have generated countywide referrals. See Table 15 for the city of resident of children referred.

TABLE 15

City of Residence of Children Referred During Third Project Year (7/1/78 - 6/30/79)
N = 229

City	Number	Percent
Bethesda	7	3
Boyds	1	*
Brinklow	1	*
Brookeville	1	*
Chevy Chase	4	2
Clarksburg	1	*
Comus	1	*
Damascus	1	*
Dickerson	3	1
Gaithersburg	50	22
Germantown	5	2
Kensington	9	4
Laytonsville	0	0
Olney	2	1
Poolesville	2	1
Potomac	14	6
Rockville	44	19
Sandy Spring	1	*
Silver Spring	36	16
Takoma Park	10	4
Wheaton	13	6
Unidentified	0	0
Non-residents	3	1
TOTAL	229	

*Less than 1%

Since early intervention is an objective of the DESC project, the ages of the children referred was tabulated. The median age of the children referred during the third project year was four years, compared to a median age of four years, two months during both the first and second project years. Since children over 5 were referred elsewhere in Year III, the median age has probably remained the same for all three years.

TABLE 16

Percent of Children Referred by Age Distribution During Third Project Year
(7/1/78 - 6/30/79) N = 229

AGE	ACCEPTED	NOT ACCEPTED	TOTAL - N	PERCENT
0-12 months (0-1 year)	5	1	6	3
13-24 months (1-2 years)	11	5	16	7
25-36 months (2-3 years)	23	21	44	19
37-48 months (3-4 years)	45	27	72	31
49-60 months (4-5 years)	38	19	57	25
61-72 months (5-6 years)	9	12	21	9
73 + months (6 + years)	0	13	13	6
TOTALS	131	98	229	100

Table 17 summarizes the number of referrals by source for the third project year and shows the percentage of children accepted from each major referral source. Although the greatest number of referrals was from private programs, the highest percent of appropriate referrals was from MCHD (81 percent).

TABLE 17

Percent of Children Accepted from Each Major Source During Third Project Year (7/1/78 - 6/30/79) N = 229

SOURCE	REFERRALS ACCEPTED		REFERRALS NOT ACCEPTED		TOTAL	
	N	Percent Accepted	N	Percent Not Accepted	N	Percent
Montgomery County Public Schools	31	62	19	38	50	100
Montgomery County Health Department	21	81	5	19	26	100
Montgomery County Department of Social Services	12	75	4	25	16	100
Private Physicians	11	46	13	54	24	100
Private Programs	45	59	31	41	76	100
Family/Friends	7	29	17	71	24	100
Montgomery County Information/Referral	2	67	1	33	3	100
Maryland State Programs	2	100	0	0	2	100
Unidentified	0	0	8	100	8	100
TOTALS	131		98		229	

Activity (5) Provide information service to callers concerned with children's developmental problems

Because the MCPS Child Find effort included media announcements about developmental disabilities, they have received many information calls. DESC received only 81 information calls during the third project year probably because of earlier dissemination efforts on DESC's part. A summary of the disposition of these calls is presented in Table 18.

TABLE 18

Information Services Calls During Third Project Year (7/1/78-6/30/79) N = 81

Caller	Number	Percent of All Calls
Parents/Family	36	44
Private Programs	16	20
Area Professionals (teachers, principals, PPW)	9	11
Private Physicians	7	9
Department of Social Services	8	10
Community Health Nurse	3	4
Unidentified	2	2

Disposition	Number	Percent of All Calls
Refer to Community Health Clinic	22	27
Refer to MCPS Area Personnel	7	9
Send Appropriate Literature	13	16
Refer to Private Resources	9	11
Refer to MCPS Diagnostic Team	23	29
Refer to MCPS PARC	5	6
Refer to Regional Direction Center	1	1
Unidentified	1	1

Activity (6) Contact parents of children known to have handicapping conditions

The MCPS Child Find program contacted parents of children known to have handicapping conditions who were not being served. They felt DESC was appropriate for 8 of these children.

Activity (7) Invite educators and health personnel from other communities to observe the program and participate in in-service activities

As a part of the replication effort described in Performance Area 8, educators and health personnel were invited to participate in DESC in-service activities. A list of those accepting that invitation is included in Performance Area 5, Activity 3.

Activity (8) Produce multimedia materials on the diagnostic services and program operations for use by other communities

Four media presentations were produced over the third year. The first "Helping the High Risk Child" was directed toward parents, teachers, and citizens. It emphasizes the importance of recognizing handicapping conditions early and explains the DESC diagnostic process. A second slide tape show describes the diagnostic nursery process and is designed for educators and other personnel interested in replication. A third slide show with accompanying script was produced to describe the DESC diagnostic process, placement procedures, and kinds of placements available within Montgomery County. This show is flexible and can be altered for different types of professional groups that might want to learn about or replicate DESC. A fourth slide tape show was produced for citizen groups. This presentation emphasizes the importance of early identification, evaluation and appropriate placement.

Activity (9) Provide periodic progress reports on a final report describing objectives, operations, and outcomes of the project

Appropriate reports have been submitted to the BEH project officer according to the project schedule.

Activity (10) Conduct a conference for educators and health personnel from other counties in Maryland in order to familiarize them with the program

In consultation with BEH, Technical Assistance Development System (TADS) staff, it was decided to explore other ways of familiarizing educators and health personnel with DESC services rather than conduct a single conference. Appendix R includes all presentations delivered by the DESC staff for area professionals. It represents an extensive outreach effort because most of the presentations were within the county of those attending.

Activity (11) Publicize the program with articles in nationally circulated journals concerned with special education or health service delivery

Since replication was directed towards the state of Maryland, articles were prepared for newsletters and journals reaching Maryland professionals. These articles are listed below:

Developmental Disabilities Digest - Winter/Spring 1979 - "Vicky, A High Risk Child"
Action Line - "Montgomery Project Evaluates Preschoolers"
MCPS Bulletin
Bethesda-Chevy Chase Advertiser - "DESC Gets Third Year Funding"

Montgomery Journal - "Tests for Tots"
Day Care Bulletin
Health Department Bulletin - "News"

Activity (12) Present papers and regional or national conferences in fields of education and health

Staff made presentations at the Maryland Council for Exceptional Children meeting and the National Council for Exceptional Children Convention. A presentation will be made at the American Public Health Association meeting in November, 1979

PERFORMANCE AREA:

(7) Coordination With Other Agencies

PROPOSED OBJECTIVES:

Subsumed in Performance Areas 1, 3, 4, and 6

PROPOSED INDICATORS:

See Performance Areas 1, 3, 4, and 6

PROPOSED ACTIVITIES AND OBSERVED ACCOMPLISHMENTS:

See Performance Areas 1, 3, 4, and 6

As previously indicated in other Performance Areas, the unique feature of the DESC model is its interagency structure which coordinates the services of the health department and public school personnel both in the evaluation and the remediation of children with developmental delays.

DESC staff have encouraged the reorganization of all MCPS services to handicapped children under five in one administrative unit for improved coordination of services.

DESC closely coordinates its activities with other county agencies such as the Department of Social Services and the Child Day Care licensing section of the Health Department. DESC also works closely with private program providers such as Easter Seal Treatment Center and the Montgomery County Association for Retarded Citizens Preschool who serve many of the handicapped children evaluated by DESC.

PERFORMANCE AREA:

(8) Continuation and Replication

PROPOSED OBJECTIVES:

Subsumed under Performance Areas 5 and 6

PROPOSED INDICATORS:

See Performance Areas 5 and 6

PROPOSED ACTIVITIES AND OBSERVED ACCOMPLISHMENTS:

See Performance Areas 5 and 6

Continuation/Replication activities were begun during the second year. Over 100 letters were sent to area professionals, clinics, and educational institutions explaining DESC and inviting visitors from the health and education professions. Brochures were distributed as indicated in the Year II report. Presentations were given to interested groups suggesting visits to our site. Materials for dissemination were started including a slide-tape show, a grid of tests given by each evaluator, and descriptions of the role of each evaluator.

In June of Year II, two TADS consultants helped design materials and lay out a concentrated replication effort. Materials for a replication manual were suggested. Each evaluator discussed his/her role in DESC and how it inter-related with the others. A grid of questions addressed by each evaluator in each developmental area was developed (Appendix E). The DESC model was thus clarified and the process of committing it to paper was begun. A second consultant helped the staff develop replication goals, a time line for meeting these goals, and descriptions of instruments and staff needed for accomplishing them.

Some general replication principals were developed. The DESC concept seemed to have three basic components: 1) interagency (health and education) coordination so that health and educational remediation were readily available, 2) coordinated team approach with a health and educational diagnostic components, and 3) emphasis on early identification of needs with prompt remediation even at the expense of over identification. Duplication of DESC was secondary to adapting already existing services to these three ideas. It was also decided that the major thrust of the effort would be in the State of Maryland with its 23 other school districts and health departments.

In the next months, the Replication Manual was written with five main sections: Project Overview, General Assessment Process, Administrative Responsibilities in Assessment, Professional Roles in Assessment, and Alternative Staff Options for the DESC Model. Forms developed by the project were included in an appendix. The entire manual was given to possible replicators only after a presentation of the service. Separate sections were sent or given to interested professionals on request. The manual was entered into the ERIC Processing and Reference Facility operated by the National Institute of Education and has the number, ED-168705.

The general time line for replication was developed for 1) a general mailing, 2) presentations to health and education groups distributing information and cards requesting information and presentations, 3) follow-up of those responding to mailing or these general presentations by personal contact whenever possible, 4) meetings with possible replicators, and 5) on site observation and training for members or organization wanting to replicate.

A dissemination consultant familiar with the state education system and problems of handicapped persons and experience in newspaperwork and radio was hired. Her activities are listed in Appendix T .

DESC sent 1404 letters introducing itself to all local school superintendents in Maryland; directors of special education, Child Find, and Head Start directors; day care directors; health officers; chief nurses of county health departments; members of local and state early childhood, health, education and welfare organizations; parent advocate groups; area developmental evaluation centers; and many others. Appendix U includes the letter and reply card sent. The brochure, Appendix Q , and Project Overview, Appendix C, were also enclosed. Table 19 lists number of letters sent and the number of replies received.

TABLE 19

DESC Dissemination Letters - Fall, 1978
March 19, 1979

	Sent	Returned	Percent Returned
General	750	43	6
Head Start	35	6	17
Day Care	619	20	3
TOTAL	1404	69	5

Letters were answered promptly and personally. A copy of the reply format is shown in Appendix V ; also included are three enclosures which were prepared to respond to the requested area of interest.

Sections from the Replication Manual were included when appropriate. If two respondents from one county requested information they were informed of each other's interest. For instance, members of Health Department and Public Schools from one county would often reply. They were informed of each other's interest and were encouraged to invite selected DESC staff to meet with both groups at the same time. If one respondent might profit from knowing of the interest of the other, he was sent the name of that party. For instance, one respondent wanted information about legal rights of handicapped children; DESC sent the appropriate information available through MCPS and the name of a respondent from the University of Maryland law school. A list of those responding is in Appendix W.

Certain reply cards were answered by phone so that appropriate information could be sent and DESC demonstrations could be set up. Criteria for these calls included a direct request for a demonstration, communication from a respondent known to members of the clinic staff, and unclear requests for information.

DESC professionals made 55 presentations to over 1000 people. Appendix O lists the groups outside the MCPS - MCHD and government groups and summarizes

the nature of the presentation. All staff members participated depending upon the group. Appendix O lists the MCHD/MCPS and County Government groups who attended presentations. The slide and slide-tape shows used are described in Performance Area 7, Activity 8.

Although all presentations were directed toward interesting others in replication and early identification, a special effort was made to meet with small groups from organizations which might replicate. Groups from special education and/or early childhood programs in 13 counties met with DESC staff. At six of these meetings, the County Health officer or his delegates joined the discussion. Appendix O shows dissemination by county.

The staff of four medically based diagnostic services met with DESC staff. One of these, the Diagnostic and Advisory Team of the Crippled Children's Division of Maryland CHMH, provides a pediatrician, psychologist, nurse, and social worker who together visit many Maryland counties to evaluate children. They welcome educational input. This resource, though limited, was identified as a possible health component for a DESC model in many of the smaller counties. The recently released DHMH 5-Year Plan recognizes the need for more evaluation of preschool handicapped children to meet the mandates of PL 94-142 and projects providing more evaluative services coordinated to meet educational as well as other types of needs so this group is a prime possibility for replication.

A second health resource, the Sinai Hospital Primary Care Center in Baltimore, was anxious to discuss a DESC-like service with local educational resources; but Baltimore City has the lowest per capita school budget in the state, and early childhood programs are minimal. No educational component from the local educational agency was available at the present time.

Within our county, DESC identified Head Start and the Early Education Project as possible replicators for DESC -type evaluations. At their site and at the DESC site, evaluations and conferences were done by their personnel working with DESC staff. See Performance Area 5, Activity 1 for details.

DESC staff has distributed dissemination materials to interest four diagnostic centers outside of Maryland on request of their directors whom the staff met at professional meetings. One staff member will be carrying a copy of the Replication Manual to a developmental clinic in Perth, Australia.

In May, 1979, the staff of the Tecler Diagnostic Center of the Greater Amsterdam School District, Amsterdam, New York, requested TADS assistance in reviewing and refining their project's policies regarding assigning diagnostic labels. Since the DESC staff has dealt with this issue, the Technical Assistance Coordinators of TADS forwarded the request to DESC. The DESC Educational Diagnostician went on a site consultation to assist Tecler in developing an approach to the diagnostic process. During this two-day visit, several things were accomplished, and Tecler became familiar with and adopted some of DESC's procedures and forms. A summary of the consultation report was then forwarded to TADS and Tecler.

In June the educational diagnostician visited an infant nursery program at the University of Virginia Hospital, Charlottesville, Virginia. The hospital

staff included an educator supplied by the LEA to develop infant stimulation and parent education for infants and their parents who were to spend a period of time in the sick baby nursery. Various components of the DESC's diagnostic model were shared, and several informative ideas were exchanged.

Throughout the year, the educational diagnostician has been a consultant to the group establishing the District of Columbia Consortium of HCEEP Model Demonstration Projects.

Points addressed at these meetings included:

- Identification of the metropolitan area's needs in coordinating services for the preschool handicapped child.

- Methods to improve communication between the public and private sectors regarding the education and therapeutic treatment of handicapped preschool children.

- Techniques to work towards avoiding unnecessary duplication of services through planning by all agencies private and public.

- Identifying areas of expertise among the variety of programs for preschool and infant handicapped so that concentration of effort, talent, and expertise will be focused appropriately.

These are some of the problems the DESC staff have confronted in their three years, and the Consortium felt this experience would help their group.

The Huron Institute requested information about parent education programs. Appendix K is the body of the reply sent.

Other dissemination activities included articles in professional newsletters as listed in Performance Area 6, Activity 11. A radio interview with two members of the DESC staff was broadcast on 10 radio stations. Two five minute television segments featuring the DESC process were broadcast as a part of the local NBC evening news and prompted a wide response. DESC had a display table at a Human Relations Fair in a large county shopping center.

As of this time, there is no concrete evidence that any group has actually replicated the DESC model; but presentations were met with enthusiasm. Representatives of several counties have visited for very specific study of the DESC process. A follow-up letter has been written and will be sent out in one year to those counties with whom we discussed replication directly.

Other plans for the first year of local county support include:

- a two day in-service session in early childhood assessment and intervention by an educational diagnostician for a county with minimal previous service to this age group.

- Continued and perhaps increasing service to local educational institutions such as special education master's level students from George Washington University, nursing students from Admerican and Catholic University, and third year residents from Bethesda Naval Hospital.

- Continued consultation to the early childhood programs and placement committees of MCPS regarding all handicapped preschool children.

- Production of a slide tape show to promote early identification and support for DESC and other services for the preschool handicapped child to be shown to PTA's and other civic groups.

- Fall seminar for Day Care personnel to be presented by Child Find, Day Care, and DESC to address early identification and assessment.

- Participation in an MCPS committee to improve parent involvement in all services to the educationally handicapped

- Translation of the DESC brochure into Spanish

APPENDICES

Appendix A

DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN

PERSONNEL

MONTGOMERY COUNTY PUBLIC SCHOOLS

Grant Project Co-Director:	T. O'Toole, Ed.D.
DESC Project Service Operators:	R. Bianco, M.A. Educational Diagnostician Diagnostic Nursery Teacher
	L. Diamond, M.S. Educational Diagnostician Diagnostic Nursery Teacher
	C. Harris Secretary
	J. Bedal Secretary
	S. Forden* Dissemination Specialist

MONTGOMERY COUNTY HEALTH DEPARTMENT

Grant Project Co-Director:		M. Zimmerman, RN*
Grant Project Coordinator:		M. Schwartz, M.D.
DESC Project Service Operators:		B. Varga, RN, MPH Nurse Coordinator
M. Schwartz, M.D. Pediatrician	P. Glass, M.D. Psychiatrist	B. Urban, Ph.D. Audiologist
N. Ahmed, M.D. Pediatrician	J. Ament, Ph.D. Psychologist	D. Perreca, M.A. Audiologist
K. Toker, M.D. Pediatrician	A. Asimow, Ph.D. Psychologist	J. Hinson, M.S. Speech Pathologist
P. Quinn, M.D. Pediatrician	D. Moore, ACSW/LCSW Social Worker	D. DeFrance, M.Ed. Speech Pathologist
A. Hinton, M.D.* Pediatrician		
Clinic Staff:	D.Machlin, RN	R. Rehill, RN
V. Garman Health Technician	B. Leber Health Technician	S. Tissian Health Technician

*Left project before end of Year III.

Appendix B

DESC ADVISORY COUNCIL

Mrs. Linda Bosco
1200 Allison Drive
Rockville, Maryland 20851
762-3173
(Pharmacist - Parent)

Mrs. Judy Brown
Carl Sandburg Learning Center
762-2607
(Teacher - MCPS)

Mrs. Elayne Brugger
9009 Falls Chapel Way
Potomac, Maryland 20854
340-7047
(Parent)

Mrs. Willa Callen
1117 Tiffany Road
Silver Spring, Maryland 20904
622-1046
(Educational Diagnostician)

Mrs. Marilyn Greenspan
302 Patton Place
Rockville, Maryland 20851
424-8762
(Special Education Teacher-MCPS)

Mrs. Linda Jessup
10001 Dallas Avenue
Silver Spring, Maryland 20901
681-7351
(Parent)

Mrs. Winnie Johnson
595 Stonestreet Avenue
Rockville, Md. 20850
279-9040
(Coordinator for Handicapped Services-Head Start)

Mrs. Charles Mathias, Jr.
Md. State Bd. of Ed.
PO Box 8717, BWI Airport, Balto. 21240
(301) 796-8300 x 204

M. Zimmerman
3409 Pendleton Drive
Wheaton, Maryland
949-7367

Mrs. Margit Meissner
(Continuum Education-ESC, Room 220, Assistant Planner)
8323 Still Spring Court
Bethesda, Maryland 20034
279-3604

Rosemary O'Brien, Ph.D.
5010 Moorland Lane
Bethesda, Maryland 20014
657-8292
(Vision Services-MCPS)

Ms. Anna Queisser
ESC, Room 230 (Coordinator-Child Find-MCPS)
279-3463

Mrs. Helen Rubin
10611 Tenbrook Drive
Silver Spring, Maryland 20901
593-3797
(Preschool Program Director-MCARC)

John W. Stohlman, M.D.
10401 Old Georgetown Road
Bethesda, Maryland 20014
530-4100
(Pediatrician)

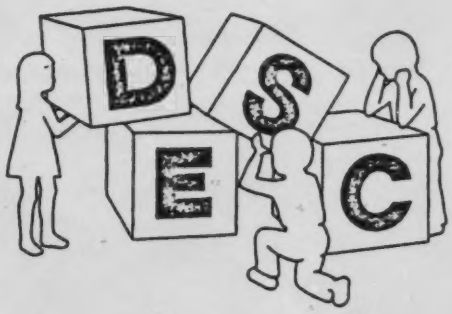
Mrs. Sally Veres
Mark Twain Center
14501 Avery Road
Rockville, Maryland 20850
762-8335
(Speech Therapy Services-MCPS)

Dr. Lowel Weiner
Mrs. Michele Weiner
1909 Plyers Mill Road
Silver Spring, Maryland 20902
649-1832
(Parents)

Dr. T. O'Toole, ESC Room 220
Dr. M. A. Fox - Ames Building

B. Varga
R. Bianco
Dr. M. Schwartz

Total Members - 21



DESC PROJECT OVERVIEW

DESC – Developmental Evaluation Services for Children – is a short term diagnostic evaluation service for children from birth to age five in Montgomery County. Children with handicaps or suspected handicaps which would impede progress through school receive a comprehensive evaluation by the DESC staff at no charge to their families.

The project is run by the Montgomery County Health Department and the Montgomery County Public Schools with partial funding from the Bureau of Education for the Handicapped, U.S. Office of Education.

Referrals come from parents, health, education, and social service workers. For each case accepted, DESC assigns a case manager who guides the parents and child through the evaluation process. This usually occurs over a three week period.

The DESC staff includes an audiologist, community health nurse, educational diagnostician, pediatrician, psychologist, psychiatric social worker, and speech pathologist. Additional specialists are available as needed. Evaluation takes place in the project's diagnostic nursery and other facilities at the Montgomery County Health Department.

The formal evaluation process concludes with a conference involving the child's family, DESC team members and other appropriate professionals.

The DESC team helps parents obtain any further services needed, including referral for placement in the Montgomery County Public Schools. A six week follow-up checks the status of the plan developed for the child. In addition, DESC follows the child's progress during the school year.

As a model project, DESC is funded to help others implement similar systems of service. In-service training and demonstrations may be scheduled for interested professionals. Inquiries, visits, and referrals are welcome. Please contact:

Mrs. Betty Varga, Nurse Coordinator
Montgomery County Health Department
12701 Twinbrook Parkway
Rockville, Maryland 20852
Phone: (301) 279-1064

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Appendix D

DESC: THE EVALUATION AND ASSESSMENT PROCEDURES

DESC disseminates information about the program to area professionals, agencies, and organizations who serve children. They, in turn, refer parents of children with handicaps or suspected disabilities which might impede educational progress.

Parents call DESC and describe the conditions they or others have observed in their children. The nurse coordinator solicits information from parents, school and health care providers to determine if DESC services are appropriate for the child. If a DESC evaluation is appropriate, the child is accepted for evaluation. If not, the family is counseled about what services might be indicated and referred to the service agency that can meet their needs. If the nurse coordinator feels that the referral needs to be considered for acceptance/nonacceptance by the DESC staff, the case is brought to an intake conference for a decision.

Once the child is accepted, appointments are made for evaluations by the audiologist, educational diagnostician, pediatrician, psychiatric social worker, psychologist, speech pathologist, and others as needed. These evaluations usually are scheduled in 3 to 4 visits over a 3-week period.

After the evaluations are completed, the DESC team holds a preconference to discuss evaluation results, possible remediation, and educational program recommendations. With parental permission, other involved professionals who know the child are invited to the team conference.

Immediately following the preconference, a parent conference is held to relate the findings and recommendations to the parents. An Educational Management Plan is prepared as a basis for the more specific Individualized Educational Program (IEP) drawn up later by the program the child enters.

A Conference Summary is sent to parents, and with their approval to private professionals, and involved program operators. If special placement is recommended by the team and accepted by the parents, the report is also sent to the Montgomery County Public Schools' (MCPS) Placement Office for approval to fund the placement in any one of the special programs. If the child does not need a special placement, he may attend a nursery or day care center. If indicated, a representative of the team visits the school to interpret the Educational Management Plan to the teacher. DESC also offers four counseling sessions to some parents to help with child management and adjustment to the child's handicap.

A diagnostic nursery is available for observation of a child's behavior in a familiar, nontesting situation. Children may come to the nursery before acceptance to determine their need for a complete evaluation. They may enter the nursery after evaluation for a longer look at their behavior, learning styles, and general program needs.

An initial (3 months after placement) and a year-end progress report are requested and reviewed by DESC staff. Continuing consultation is available if the child is not progressing during the preschool years.

Appendix D

THE CHILD'S ASSESSMENT

PRE-ASSESSMENT: Pre-assessment services include the nurse coordinator obtaining the case history and the appointment of a case manager to guide the parents and child through the process. An appointment schedule and transportation arrangements are established at this time.

ASSESSMENT: Assessment activities usually involve four or five clinic visits over a period of two to three weeks. Usually, a child is assessed by professionals in all disciplines, although under certain circumstances, a partial evaluation would be either repetitive or unnecessary. Also, the order of the appointments may vary due to particular scheduling circumstances; however, the preferable appointment procedure is as follows:

FIRST VISIT: The child's first clinic visit is for a preliminary work-up which includes vision screening, body measurement, and laboratory tests. The pediatric examination immediately follows. This involves a physical examination and medical history in order to identify past or present medical problems that may limit the child; judge the relationship of these problems to the child's functioning and suggest methods of correcting or minimizing them.

SECOND VISIT: During the second visit the child is assessed by the audiologist. She evaluates the child's hearing and function of the entire hearing system in order to identify the extent and possibly the cause of any hearing loss, and make an appropriate recommendation. This second visit also includes a language and speech evaluation by the speech pathologist, who tests the child's comprehension, use of verbal language, and ability to correctly articulate speech sounds. Voice quality, speech fluency, and oral-motor skills are also noted.

THIRD VISIT: On the third visit, appointments are scheduled with the psychiatric social worker and the psychologist. The psychiatric social worker first observes the family/child interaction, then interviews the family alone for a full social evaluation while the child is seen by the psychologist for a psychological evaluation.

FOURTH VISIT: During the fourth visit the child is seen by the educational diagnostician who evaluates the child's comprehensive developmental profile, determining strengths, weaknesses and significant delays. The parents may observe this assessment which takes place in the Diagnostic Nursery, through a one-way mirror in an observation booth adjacent to the nursery. The parents are accompanied by another educational-diagnostician who interprets the activities and interviews the family as part of the assessment.

ADDITIONAL VISITS: Additional visits may be scheduled as needed. These may involve short-term (six week) placement in the Diagnostic Nursery, and/or visits to the Children's Specialty Consultation Servicees to receive other specialty evaluations.

POST-ASSESSMENT: Post-assessment includes the team pre-conference, the parent case conference and any further services needed for appropriate diagnosis and placement of the child, as described in the narrative on the evaluation process.

Appendix E

ASSESSMENT MATRIX — DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN

	NURSE	PEDIATRICIAN	AUDIOLOGIST	SPEECH & LANGUAGE PATHOLOGIST	PSYCHIATRIC SOCIAL WORKER	PSYCHOLOGIST	EDUCATIONAL DIAGNOSTICIAN
GENERAL QUESTIONS	Is the child eligible? What are parent's and referrant's concerns? Does the child need the complete/partial evaluation as defined by intake orientation?	Are there physical and/or medical problems that interfere with child's optimal functioning?	Can the child perceive auditory stimuli?	Can the child process language?	How does the functioning of the family system affect the child's presenting problem(s) and remediability?	What are reasonable expectations for this child? Are there emotional factors that are significantly contributing to child's current functioning?	What is child's overall learning style? What are reasonable educational expectations for this child?
GENERAL HEALTH	What is the health history and current health status of the child and family? 1	What are the developmental and etiological factors in the general health picture? What remediation is possible? Genetic implications? Immediate medical crises affecting testability? 1	Any physical signs that relate to possible/probable problems in the auditory system? 2	Any health problems that could affect the child's ability to communicate? 5.5	If a general health problem exists, is the family aware? 4	Are there any physical limits on child's "testability"? 5	Are there any physical limitations on child's learning style and "testability"? 6
PERCEPTUO-COGNITIVE	What are the perceptuo-cognitive developmental milestones and current functioning? 4.5	Is there evidence of neurological malfunction? Is it medically remediable? What are the genetic implications? 4.5	Does the child perceive fine differences in sound? Can the child understand (at least) non-verbal communications? 3	Can the child understand what is presented? 2	What are the family perceptions and expectations of the child's general intellectual sensory abilities? 4	What are child's general intellectual abilities in relation to standardized norms? 1	What are the visual/cognitive strengths and deficits that affect child's learning process? 1
GROSS MOTOR	What are gross motor developmental milestones and current functioning? 4.5	Is there evidence of neurological malfunction? Is it medically remediable? What are the genetic implications? 2.5	Are there any apparent balance problems that would signal inner ear/neural dysfunction? 5	Any signs of significant deviations that would signal possible speech deficiencies? 4	What are the family perceptions and expectations of the child's general intellectual sensory abilities? 4	Are there any gross motor deficits that interfere with cognitive development and functioning? 6	What are the gross motor strengths and weaknesses that affect child's learning process? 4
FINE MOTOR	What are the fine motor developmental milestones and current functioning? 4.5	Is there evidence of neurological malfunction? Is it medically remediable? What are the genetic implications? 2.5	Can the child handle apparatus such as a hearing aid, if needed? 6	Any dysfunctions which affect speech production? 3	What are the family perceptions and expectations of the child's general intellectual sensory abilities? 4	Are there any apparent fine motor deficits that interfere with cognitive development and functioning? 4	What are the fine motor strengths and weaknesses that affect child's learning process? 2
HEARING LANGUAGE . SPEECH	What are the hearing, language, and speech developmental milestones and current functioning? 4.5	Is there evidence of neurological 'malfunction? Is it medically remediable? What are the genetic implications? 4.5	What is nature and extent of hearing loss? What is cause of loss and type of remediation as related to prevention (e.g genetic counseling)? 1	What is the child's total speech and language status? 1	What are the family perceptions and expectations of the child's general intellectual sensory abilities? 4	Are there hearing/language/speech factors that affect general intellectual functioning? 3	Are child's hearing/language speech modalities adequate for testing and academic program placement? 4
PERSONAL/SOCIAL ADAPTIVE	How do the child's peer and familial interactions relate to the presenting problem(s)? 2	What is the family disposition to medical interventions? What are the medical implications of the child/family interactions? 6	Can the parents and child carry out recommendations? 4	Are there any social/emotional factors that interfere with communication? 5.5	What methods has the family and developed to interact with the child and perceived or real problems? 1	How does child's social-emotional development compare to age appropriate expectations? Are there indicators that significant emotional overlays limit current intellectual functioning? 2	Has child developed behavioral skills to function in stimulating classroom situation? 4

Each area numerically ranked according to emphasis by each staff member

Appendix E

TESTS USED UNDER 6 YEARS (FUNCTIONAL LEVEL)

	NURSE	PEDIATRICIAN	AUDIOLOGIST	SPEECH AND LANGUAGE PATHOLOGIST	PSYCHIATRIC SOCIAL WORKER	PSYCHOLOGIST	EDUCATIONAL DIAGNOSTICIAN
General Health	Core History & observation	General pediatric history & physical with vision screening & lab tests as indicated	observation	observation	Social service history and observation	observation	observation
Perceptuo-Cognitive	Core History Denver Developmental & observation	Pediatric History, Neurological	observation	Boehm Cognitive skills assessment battery (3-5) if delay found in language area	Same as general health	*Cattel (under 2) Binet (from 2-5) WPPSI (if over 4, no suspected delays WISC-R or WISC- (interchangeable) 5+) Leiter (deaf or foreign language speaking)	*Infant Learning Accomplishment Profile ILAP (under 2) & Learning Accomplishment Profile (LAP) (2-5) (if questions after Memphis) Memphis Developmental Checklist (MDC) (over 2) Boehm Test of Basic Concepts (kindergarten level) optional
Gross Motor	Same as perceptuo cognitive	Same as perceptuo-cognitive	observation	observation	Same as general health	observation	Infant LAP (under 2) MDC (over 2)
Fine Motor	Same as perceptuo cognitive	Same as perceptuo-cognitive	observation	observation	Same as general health	Same as perceptuo cognitive	Same as gross motor
Hearing, Language & Speech	Same as perceptuo cognitive	Same as perceptuo-cognitive	See next page	See next page	Same as general health	Same as perceptuo cognitive If Leiter given then observation in this area	Same as gross motor
Personal/ Social Adaptive	Same as perceptuo cognitive	Same as perceptuo-cognitive	observation	observation	Social work assessment	Observation, play therapy techniques	Infant LAP (under 2) MDC (over 2) and observation

*Cattel and LAP have similar tests. The LAP allows flexibility and tests learning "style" as well as accomplishment level. The Cattell gives a standard level of function and is seldom necessary under 2.

Appendix E

HEARING, LANGUAGE AND SPEECH TEST (UNDER 6)

Hearing	Air and Bone Conduction: tests are done according to age and response Downs and Northern Audiometric Assessment (birth - 2 years) Visual Reinforcement Audiometry (2 - 3 years) Tangible Reinforcement Audiometry Hugheson - Westlake Air Conduction Pure Tone Test Hugheson - Westlake Bone Conduction Pure Tone Test Speech Reception Threshold: (3 months +) Haskins Word Discrimination Test (basic test) (2½+) CID and Utley Speech Reception Tests (4+) Ross and Lerman Word Intelligibility by Picture Identification Impedence Test Battery For Children with Sensory-Neural Losses: Olson-Noffsinger Tone Decay Test, Rosenburg Modified Tone Decay Test, Carhart Tone Decay Test, Jerger and Jerger Suprathreshold Adaptation Test, Short Increment Sensitivity Index, Bekesy Test Battery, Jerger's Articulation Function ("Roll-over") Test Central Auditory Test Battery: Berlin Speech in Noise Test; Willeford Central Auditory Test Battery, Katz Shifting Spondaic Word Test
Language - Standard	Peabody Picture Vocabulary Test Carrow Test of Auditory Comprehension of Language Gesell Action Agent Test Oral Commissions Repeat of Digits and Sentences Spencer Memory for Sentences
Language - Optional	ITPA (for additional assessment of receptive and expressive language organizational abilities; includes auditory, visual, and vocal tasks) Bankson Language Screening Test (over 4 for further assessment of grammar, semantics, and auditory and visual perception) Receptive-Expressive Emergent Scale (0-3 yr. for specific expressive and receptive problems)
Speech - Standard	Oral Diadochokinetic Rate Goldman Fristoe Test of Articulation or Photo Articulation Test

Appendix E

TESTS USED OVER 6 YEARS (FUNCTIONAL LEVEL)

	NURSE	PEDIATRICIAN	AUDIOLOGIST	SPEECH & LANGUAGE PATHOLOGIST	PSYCHIATRIC SOCIAL WORKER	PSYCHOLOGIST	EDUCATIONAL DIAGNOSTICIAN
General Health	Core History & observation	Pediatric history & physical examination	observation	observation	Social work history and observation	observation	observation
Perceptuo-Cognitive	Core History Denver Developmental (DD) Screening Test observation	Pediatric history & neurological	observation	Peabody Picture Vocabulary Test	Same as general health	WISC or WISC-R Leiter (deaf or foreign language speaking children) Binet (usually correlates with school achievement so not used often)	Slingerland Silvarol's Classroom Reading Inventory Stanford Battery (if not done recently in school) Metropolitan Readiness Inventory (if question of readiness for first grade) Sound Blending (if specific reading problem)
Gross Motor	Same as perceptuo-cognitive	Same as perceptuo-cognitive	observation	observation	Same as general health	observation	observation
Fine Motor	Same as perceptuo-cognitive	Same as perceptuo-cognitive	observation	observation of oral motor function	Same as general health	WISC or WISC-R (interchangeable) Bender Gestalt If Leiter given-observation	observation
Hearing, Language & Speech	Same as perceptuo-cognitive	Same as perceptuo-cognitive	See next page	See next page	Same as general health	WISC or WISC-R (interchangeable) Note-Leiter only tests language concepts via matching	observation
Personal/ Social Adaptive	Same as perceptuo-cognitive	Same as perceptuo-cognitive	observation	observation	Same as general health	Observation play therapy TAT, CAT, other projectives if indicated	Observation interview with classroom teacher

HEARING, LANGUAGE AND SPEECH TEST (OVER 6)

Hearing	Air and Bone conduction: tests are done according to age and response Downs and Northern Audiometric Assessment (birth - 2 years) Visual Reinforcement Audiometry (2 - 3 years) Tangible Reinforcement Audiometry Hugheson - Westlake Air Conduction Pure Tone Test Hugheson - Westlake Bone Conduction Pure Tone Test
	Speech Reception threshold: (3 months +) Haskins Word Discrimination Test (basic test) (2½ +) CID and Utley Speech Reception Tests (4+) Ross and Lerman Word Intelligibility by Picture Identification
	Impedence Test Battery
	For Children with Sensory-Neurol Losses: Olson-Noffsinger Tone Decay Test, Rosenburg Modified Tone Decay Test, Carhart Tone Decay Test, Jerger and Jerger Suprathreshold Adaptation Test, Short Increment Sensitivity Index, Bekesy Test Battery, Jerger's Articulation Function ("Roll-over") Test
	Central Auditory Test Battery: Berlin Speech in Noise Test; Willeford Central Auditory Test Battery, Katz Shifting Spondaic Word Test
Language - Standard	Peabody Picture Vocabulary Test Oral Commissions Repeat of Digits and Sentences Spencer Memory for Sentences Wepman Auditory Discrimination
Language - Optional	Illinois Test for Psycholinguistic Abilities (ITPS) (for additional assessment, if necessary, of receptive, expressive language, organization abilities, and visual/motor tasks) Daugherty Oral Copy Test (to assess sound sequencing abilities and ability to imitate confusing sound sequences when this area presents problems) Subtests of Detroit Test of Learning Aptitude (to assess further cognitive skills, i.e., discern inferences and absurdities, to assess further auditory and visual memory, and for additional assessment of verbal and auditory abilities)
Speech - Standard	Oral-Peripheral Examination Oral Diadochokinetic Rate Goldman-Fristoe Test of Articulation or Photo Articulation Test

EVALUATION RECORD FORMS

Appendix F-1

DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN

CORE HISTORY

Date: _____

Name: _____ *B.D.* _____ *Parents* _____

Address: _____

Phone: _____ *Referred by:* _____

PMD: _____ *Phone:* _____

REASON FOR REFERRAL: *Informant:* _____

I. HISTORY OF PROBLEM:

AGENCIES:

MCHD Health Center _____ *CHN/SMA* _____

Dept. Social Services _____ *Social Worker* _____

School _____ *Teacher* _____

CORE HISTORY 2

II. PRENATAL, BIRTH, NEONATAL HISTORY:

A. Pregnancy: Mother's age at time of pregnancy____; no. of pregnancies ____; no. of live-born children____; birth order of patient____; planned____; duration of pregnancy_____; special problems (smoking, alcohol, medication, x-ray exposure, bleeding, amniocentesis, emotional problems, diabetes, hypertension); weight gain_____.

Significant positive findings:

B. Delivery: Labor <4-16> hours_____; premature rupture of membranes_____; Caesarian Section (give indication below)____; forceps____; anesthesia_____; multiple birth____; birth weight_____; condition at birth_____; Apgar_____; name of hospital_____.

Significant positive findings:

C. Neonatal: Respiratory problems____; infection____; jaundice (give duration and treatment below)____; feeding problem____; frequent formula changes____; discharged with mother_____.

Significant positive findings:

Note mother's early contact with baby and personality of baby:

III. PAST MEDICAL HISTORY:

A. Accidents____; accidental ingestion or lead poisoning____; serious or chronic conditions____; allergies____; temperature 104° _____.

Significant positive findings:

B. Hospitalizations:

Hospital	Age	Duration	Reason

C. Immunizations: DPT: Measles:
OPV: Rubella:
Tbn skin test: Mumps:

IV. DEVELOPMENT:

A. General

Sat alone___; walked___; first words (other than mama, dada)___; three-word phrases___; toilet-trained___; rode 3-wheeler___.

Comments:

B. Vision:

Any concern___; blinks or rubs eyes___; holds small objects closely ___; crossed eye___; wandering eye; especially before bed___.

Comments:

C. Hearing:

Any concern___.

Comments:

D. Speech and Language:

Any concern___; understood by parents___; by others___; follows instructions___; foreign language spoken in home_____.

Comments:

E. Motor Adaptive:

Any trouble sucking, swallowing, chewing___; abnormal movements or weakness___; orthopedic problems___; clumsiness___.

Comments:

F. Self-help skills:

Note present level.

G. Behavior

Attention span_____; activity level_____; temper tantrums_____; rocking____; head banging____; self mutilation____; aggressiveness____; fearfulness____; ability to separate____; peer relationships_____. Does he enjoy stories, puzzles, blocks, music, cars, dolls?

Comments:

H. Sleep Pattern:

V. PREVIOUS SCHOOLS ATTENDED:

School	when attended	why left

VI. PREVIOUS EVALUATIONS:

Examiner	Specialty	Date	Where done	Results

VII. FAMILY/SOCIAL HISTORY:

A. Family:

Consanguinity____; diabetes____; stroke, hypertension or heart attack under 50____; physical deformities____; cerebral palsy____; mental retardation____; speech/language problem____; learning problem____; reading problem____. Epilepsy ____.

Comments:

B. Social:

Household members:

Name	Age	Relationship	Education Level	Occupation	Health Info.

DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN
PEDIATRIC EVALUATION
A Guide to Supplement Core History

Summary of Present Illness:

Significant Past Medical History:

Prenatal, Birth and Postnatal -

Development -

Immunizations -

Hospitalizations -

Operations -

Accidents or Injuries -

Allergies -

Medications -

Nutritional History:

Significant Family Medical History:

Review of Systems:

General Health -

HEENT -

Pulmonary -

Cardiac -

GI -

GU-GYN -

Musculo-Skeletal -

CNS -

Physical Examination:

Hgt. (percentile) Wt. (percentile) HC (percentile) BP

Vision Screening Results:

General (appearance):

Skin:

HEENT:
Head -
Eyes -
Nose -
Ears -
Mouth -
Teeth -
Oropharynx -

Neck:

Lymph Nodes:

Chest:
1) Lungs -

2) Heart -

3) Pulses -

Abdomen:

Genitalia:

Ano-Rectal:

Extremities - joints and back:

Dysmorphic features:

Neurological:

1. Mental status:
   Level of activity/emotional state -

   Orientation in time and place -

   Ability to relate and separate -

2. Language/Speech:
   Speech (amount + quality) -

   Language -

3. R-L Dominance - Hand:
   Eye -
   Foot -

   R-L Orientation:
   One Side -
   Across Midline -

4. Cranial Nerves:

5. Station: Gait: Romberg:

6. Motor:
   a. Muscle Mass - Power - Tone -

   b. Coordination -
      Gross Motor: ball tasks -
      jumping, hop, skip, balance -
      heel walking -
      tandem walk forward -
      heel to knee -
      toe walking -
      tandem walk backward -

      Fine Motor: eye movements -
      pincer grasp -
      pencil grasp -
      block building -
      finger to nose -
      rapid alternating hand movements -
      oral motor coordination -
      finger to finger -
      dressing/undressing -
      any paper pencil tasks -

      Associated Movements:

      Involuntary Movements:

      Stereotyped Movements:

   c.

Reflexes	biceps	triceps	Brach-rad	knee	ankle	clonus	plantar	abd.	other
R									
L									

7. Infant Reflexes:

8. Sensation:
   a. Touch, pain, temperature -

   b. Position -

   c. Stereognosis/Graphesthesia -

   d. 2 point discrimination -

   e. Finger praxis -

   f. Vibration -

MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY HEALTH DEPARTMENT
Rockville, Maryland

DESC
DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN
Evaluation Record Summary

NAME_____ BD_____ DATE_____

ADDRESS_____

MCPS AREA_____ MCPS HOME SCHOOL_____ MCHD AREA_____

AGE_____ SEX_____ RACE_____ PMD_____ PH_____
yrs. mos.

CALLER_____ PH_____

REFERRAL SOURCE_____ PH_____ _____
NAME PROFESSION AND/OR AGENCY

FAMILY: FATHER_____ BD_____ PH(H)_____ (W)_____

MOTHER_____ BD_____ PH(H)_____ (W)_____

SIBLINGS 1_____ BD_____ 3_____ BD_____

2_____ BD_____ 4_____ BD_____

PRESENT PLACEMENT STATUS_____ PH_____

REFERRAL REASON (Check all that apply. Circle the check that indicates primary reason.)

____General developmental delay_____
____Specific developmental delay_____
____Hearing, language, speech_____
____Neurological problem_____
____Specific other physical handicap_____
____Emotional, behavioral_____
____Specific learning disability_____
____Other_____
COMMENTS:

CASE DISPOSITION

DATE_____ COORDINATOR____ TEAM____ ACCEPT____ REJECT____
REASON_____
CASE MGR_____ CASE CONF DATE_____

SERVICE TO FAMILY

____Literature
____Demonstration
____Home Visit
____Counseling
____Referral (specify)_____
____Transportation
____Other (specify)_____

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APPOINTMENTS

Nursing _____ Hearing_____ Diag. Nursery_____ Other_____
Vision _____ Speech _____ Case Conference_____ _____
Pediatric____ Ed DX _____ Parent Conference_____ _____
Social HX Psych

CAUSE OF PROBLEMS (Check all that apply. Circle the check that indicates primary cause.)

____Acquired CNS trauma or disease
____Chromosomal abnormalities
____Congenital blindness
____Congenital deafness
____Congenital neurological abnormalities
____Multiple congenital abnormalities
____Prenatal infection or insult
____Perinatal infection or insult
____Unknown
____Environmental deprivation
____Other (specify)_____

PRIMARY HANDICAPPING CONDITION_____

CODES_____ _____
Primary Secondary

AREAS OF GREATEST NEED (Check all that apply. Circle the check that indicates area of greatest need.)

____Speech and language intervention
____Specific learning intervention
____Total developmental intervention
____Physical therapy
____Specialized medical services
____Mental health counseling
____Hearing and associated communication intervention
____Appropriate parent education
____No services needed
____Other

DESC PLACEMENT RECOMMENDATION_____

INDICATE IF OTHER PLACEMENT OR TREATMENT WAS PREFERRED, BUT NOT RECOMMENDED, AND WHY.

REPORTS	SENT TO	DATE
CS PED H S&L ED PSY SOC		
CS PED H S&L ED PSY SOC		
CS PED H S&L ED PSY SOC		
CS PED H S&L ED PSY SOC		
CS PED H S&L ED PSY SOC		
CS PED H S&L ED PSY SOC		

AGENCY ACTION_____ _____ _____
DATE AGENCY ACTION

PLACEMENT _____ _____
DATE PROGRAM

IF ACTUAL PLACEMENT DIFFERS FROM RECOMMENDED PLACEMENT, INDICATE WHY.

FOLLOW-UP
CONSULTATIONS (Include travel time if significant)

Initial interpretation to program operator
Date_____ Hours_____

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Follow-up consultations to program operator
Date_____ Hours_____ Phone_____ Visit_____
Date_____ Hours_____ Phone_____ Visit_____

DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN
12701 Twinbrook Parkway
Rockville, Maryland 20852
279–1064

MONTGOMERY COUNTY HEALTH DEPARTMENT
MONTGOMERY COUNTY PUBLIC SCHOOLS

An Interagency Program to Help Young Children

DESC: An interagency, interdisciplinary project whose target population is children birth to five years with developmental delays or suspected handicaps which would impede educational success. The emphasis is on a comprehensive evaluation completed within a short time span in order to facilitate early placement and treatment.

A. CRITERIA FOR REFERRAL

1. Basic Requirements:

   a. Montgomery County resident, 0-5 years with difficulties in two or more of the following areas:

      -Gross motor skills
      -Fine motor skills
      -Communication skills (Hearing, Language and Speech)
      -Cognitive/intellectual skills
      -Social-adaptive (behavioral) skills, except hyperactivity
      -Chronic medical problem(s)

   b. Child up to age 9.0, new to the county with an evident problem in two or more of the above areas, but without adequate information or established address and needs an evaluation for placement.

2. Special Considerations:

   a. A hyperactive child (social-adaptive area), must also have delays in two other areas (e.g. social-adaptive + fine motor + gross motor).

   b. A child who is making inadequate progress in a preschool program, must have utilized the evaluative resources of that respective program before being referred to DESC.

   c. A Protective Services case with developmental delays will be accepted through MCHD area physicians rather than directly from Department of Social Services.

   d. A foster child with developmental delays who has been in placement at least 4 months will be accepted directly from the Department of Social Services worker or foster parent.

B. AGE-LEVEL ASSESSMENTS INCLUDE:

1. Less than 12 months of age:

   Pediatric, Denver Developmental Screening Test, Educational Diagnostic Developmental, Audiology, Social Work.

2. 13-24 months of age:

   Pediatric, Educational Diagnostic Developmental, Audiology (Language-Speech = 18-24 months), Social Work. DDST and Psychological optional (e.g., developmental information may be required by Preschool Admissions and Review Committee if funding is requested).

3. 2-8 years of age:

   Complete or partial evaluations as needed.

   a. Complete assessment includes: Pediatric, Audiology, Language and Speech, Vision Screening (3+ years), Educational Diagnostic, Psychological and Social Work. Physical Therapy and other medical evaluations are done as indicated.

   b. Partial Assessments:

      At least two evaluations as indicated.

C. DESC RESPONSIBILITY FOLLOWING PARENT CONFERENCE:

1. Six week follow-up phone contact with parents to determine whether recommendations are being implemented.

2. Educational Diagnostician interprets DESC educational recommendations to the program in which the child is placed and assists in formulating the Individual Educational Plan (IEP).

3. Secretary sends progress report forms to program for initial and end of year status information of DESC cases in placement. These are reviewed by the case manager and evaluation team and appropriate action taken.

4. Diagnostic reevaluation of DESC cases will be considered in instances of a lack of adequate progress despite follow-through on DESC recommendations. However, resources of the respective programs and/or MCHD clinics should have been utilized where indicated.

Appendix H

DIAGNOSTIC NURSERY

The primary objective of the program is diagnostic. Activities are presented in order to observe the child's response to structure and to establish a base from which to predict behaviors. An approach is developed which works best with a child to both alleviate inappropriate behaviors and to intervene before these behaviors appear.

Not all children seen in DESC are placed in the Diagnostic Nursery. Those who are placed are children who exhibit an inconsistent pattern of behavior, those who need the benefit of a familiar setting, and those for whom the team needs a longer observation period for an adequate assessment. The nursery further serves as a place for screening those children who may or may not need complete evaluations. It provides a setting for developing strategies which best meet the child's needs and which work best in facilitating his learning. Children may be placed in the nursery for a period of 4-6 weeks; they attend 3 consecutive times a week for a period of 2½ hours each morning.

The diagnostic nursery classroom incorporates a one-way observation booth and intercom system and is a multifunctional, integral part of the project. This setting provides an excellent opportunity for parents to see their child's strengths and weaknesses and to learn management and teaching techniques by direct example. It affords the staff the opportunity to assist the unknowing or denying parent in coming to a realization of the problem. The team gives appropriate parental counseling in coping with the emotionally traumatic hurdles of that realization and concurrently reinforces the importance of early intervention.

The nursery also allows the staff to observe: a child's response to stimulation and to a structured setting; the hyperactive child's reaction to limit setting, structure, and possibly a trial on medication (monitored by the team pediatrician); and the child's inconsistent behaviors once he becomes familiar with and comfortable in an environment.

The classroom environment allows for extensive behavioral observations of the functioning of the total child. Within this evaluation, the family becomes involved to a great extent with considerable interaction between parent and professional. The many factors affecting a child's life can be identified and worked with in order to lead towards a fuller understanding of the child.

Appendix I

DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN
12701 Twinbrook Parkway
Rockville, Maryland 20852

CONFERENCE SUMMARY

_____
Name B.D. Age

_____
Parents

_____

_____
Address

_____
Phone

Date:_____

_____Audiologist _____Psychologist

_____Educational Diagnostician _____Social Worker

_____Pediatrician _____Speech Pathologist

_____Parent/ Guardian _____Nurse Coordinator

_____Other _____Other

REASON FOR REFERRAL:

**SUMMARY OF SIGNIFICANT FINDINGS:

Social:

Medical:

Audiologic:

Language-Speech:

*Not Present **Additional information is available from the appropriate professional.

Educational Diagnostic:

Psychological:

Relative Strengths:

Relative Weaknesses:

DIAGNOSTIC IMPRESSION:

RECOMMENDATIONS:

EDUCATIONAL MANAGEMENT PLAN:

Case Manager

SURVEY FORMS

Appendix J-1

D E S C

(Developmental Evaluation Services For Children)
12701 Twinbrook Parkway, Rockville, Maryland 20852

Date:

TO:

In order to help the DESC team evaluate their service, we are asking you to complete the following questionnaire.

	Yes	No
1. Were you familiar with DESC before being invited to the conference?	___	___
2. Do you feel the evaluation was complete?	___	___
3. Do you feel as though your individual expertise was used at the conference?	___	___
4. Were the recommendations useful to you in working with the		
(a) child ?	___	___
(b) family?	___	___

5. Please make any additional comments or suggestions regarding this service which may be helpful to the staff.

_____
signature

(Professional Conference Participants)

3/77

Appendix J-2

D E S C

(Developmental Evaluation Services for Children)
12701 Twinbrook Parkway, Rockville, Maryland 20852

TO: PARC Committee Re: _____

In order to help the DESC team evaluate their service, we are asking you to complete the following questionnaire. Please feel free to add any additional comments.

	Yes	No
1. Do you feel the evaluations were complete?	___	___
2. Was the information resulting from the DESC assessment useful in planning placement for the child?	___	___
3. Was complete information regarding the DESC assessment received from DESC promptly?	___	___
4. Did you choose to implement the type of placement recommended by DESC?	___	___

If no, please explain _____

If no, please explain (transportation not available, class not available, etc.) _____

_____

Appendix J-3

D E S C

(Developmental Evaluation Services for Children)
12701 Twinbrook Parkway, Rockville, Maryland 20852

Dear (Parent or Parent's Name): Date:

In order to help the DESC team evaluate their service, we are asking you to complete the following questionnaire. A self-addressed, stamped envelope is enclosed.

	Yes	No
1. Do you feel that the DESC clinic was adequately explained to you before the evaluations were scheduled?	___	___
2. Was the scheduling convenient for you? (If no, any suggestions?)	___	___
3. If you used our transportation services, was it satisfactory? (If no, please explain.)	___	___
4. Did you feel that the staff devoted enough time to you and your child?	___	___
5. Did the staff allay any anxiety you might have had during the evaluation process?	___	___
6. Were your questions answered to your satisfaction at the parent conference? If not, why?	___	___
7. Was the information understandable re: educational diagnostic evaluation?	___	___
hearing, language and speech evaluation?	___	___
medical examination?	___	___
psychological evaluation?	___	___
8. Did this evaluation assist you in finding an appropriate placement for your child?	___	___
9. Would you recommend that others take advantage of this service?	___	___
10. Did you feel that the case manager was helpful and assisted you:		
a) throughout the DESC assessment	___	___
b) after the assessment	___	___

11. Please make any additional comments or suggestions regarding this service.

12. Did you feel that the Parent Orientation meeting was helpful? ___ ___

3/77

_____
signature

Appendix K

PARENT PARTICIPATION

1. Parent Orientation

One month prior to the evaluation, parents whose child is about to begin the process are invited to an evening session in order to familiarize them with the setting, team and process. At this time we attempt to identify those families in need of immediate supportive intervention. Appropriate DESC staff may provide this intervention or a referral to another resource is made.

2. Parent Conference

About a week after the final appointment and immediately following the Team Pre-Conference those professionals with significant findings meet with the parents to explain results and recommendations. At this time we attempt to answer their questions, make appropriate referrals to private or public agencies according to need, and explain the next step in the placement process through the public schools. We give the parents, and if necessary assist them in filling out,the forms to begin the placement process. Within a week of this conference the parents receive a summary of our findings. The case manager also makes a six week telephone follow-up contact to find out how things are going, if they have any questions regarding the summary, if they need more assistance, and what progress has been made in following the team's recommendations.

3. Counseling Sessions

At the conclusion of the evaluations if the team recommends parent counseling or education we offer four (4) sessions, usually through our Child Mental Health Division. The cost of these sessions is absorbed by the program. If additional services are needed. then the appropriate referral is made.

4. Parent Observation

If the child is enrolled in the diagnostic nursery the parent is required to observe one morning a week through the observation booth. At this time another team member may be with the parent. The educational diagnostician working in the class informally meets with the parent to discuss the child's day and give some supportive suggestions for dealing with behaviors and stimulation at home. At the conclusion of the nursery sessions (3 to 6 weeks) the diagnostician and appropriate staff again meet with parents to clarify recommendations and results of the session.

5. Parent Referral Resource

If a complete DESC evaluation does not appear appropriate after presenting problems have been described, the nurse coordinator will refer the family to other resources which seem more appropriate. If this resource feels a more in-depth assessment of the child's needs is required, they can refer the family back to DESC to complete the evaluations. At the time of the post-evaluation parent conference the team may refer the family to appropriate advocacy or support groups or organizations.

6. Parent Questionaire

A questionnaire is mailed to the parents following the DESC evaluation to determine the program impact on them and to identify our areas of weakness.

7. Other Services

Various services are provided as the need arises. Some of these are transportation to and from the clinic, crisis intervention, immediate (1-2 days) telephone contact following the conference or another conference with specific team members for further clarification of individual findings. We also are available to serve as liaison between the parents and public schools at any stage of the placement process and sometimes after the child has been placed if a problem arises.

PROGRESS REPORT

Appendix L-1

DESC PROCEDURE FOR OBTAINING PROGRESS REPORTS

Authorization

Parents sign the appropriately stamped MCHD Form 2007 (8/77) authorizing the release of information from program operators to DESC. This form is signed at the time of the parent conference and filed in the child's record.

Timing

Currently, a 6-week phone call is made to the parent to check on the child's placement status. This is not to be considered a progress check, and should not be recorded as such on the Evaluation Record Summary, but should be entered on the Consultation Report form as a Telephone Call (TC) and prefaced by "Follow-up Contact". For purposes of progress follow-up there should be contact with the program operator three months after the actual placement and then again at the year-end.

Procedure

Progress reports are solicited from program operators by mail. A form letter requesting the progress reports that are due that month is sent to the respective program operator. A progress check list is enclosed for each child in order to elicit the information necessary.

Recording

Upon notification of a child's placement, the placement is entered on the Progress Report Chart showing when the three month and year-end checks are due. An indication is made on the Progress Report Chart when the progress report is requested from the program operator and again upon receipt of the progress report. The report itself is filed in the child's record, and a notation of the progress status entered on the Evaluation Record Summary.

Responsibilities:

Secretary:

1. Mails letters and progress check lists to program operators.
2. Keeps Progress Report Chart current.
3. Makes copies of reports received for review by professional staff.
4. Files original in child's record folder
5. Enters progress ratings on Evaluation Record Summary form.

Nurse Coordinator:

Notes if further consultation is desired by the program operator.

Alternatives Planning-Evaluation Staff:

Studies and evaluates the progress report information.

BV:jb
2/78

Appendix L-2

MONTGOMERY COUNTY PUBLIC SCHOOLS MONTGOMERY COUNTY HEALTH DEPARTMENT Rockville, Maryland	PROGRESS REPORT ON PUPILS EVALUATED BY DESC

Name of Pupil_____ Date of Birth_____
Name of Program_____ Date of Admission_____
Initial Progress Rated By_____ Date_____
Year End Progress Rated By_____ Date_____

SECTION I

Please rate the improvement seen during each progress period in each area of development. Using the scale shown, enter the number of the most appropriate rating in the proper column.

1. Considerable improvement
2. Moderate improvement
3. Slight improvement
4. No improvement
5. Not applicable
6. Insufficient observation of this area

	INITIAL	YEAR END
A. SENSORY AND MOTOR SKILLS.....		
B. COMMUNICATION SKILLS.....		
C. SELF-HELP SKILLS.....		
D. SOCIAL-EMOTIONAL BEHAVIOR.....		
E. ACADEMIC SKILLS.....		

SECTION II

Please comment on this child's particular problem areas each progress period. If this is the initial report, please comment in detail on the child's adjustment to the program.

INITIAL

YEAR END

SECTION III

Please rate the appropriateness and feasibility of the plan prescribed for this child by DESC. Circle the proper symbol to indicate a Satisfactory (S) or Unsatisfactory (U) rating.

	APPROPRIATENESS		FEASIBILITY	
INITIAL	S	U	S	U
YEAR END	S	U	S	U

SECTION IV Check if you desire further consultation with DESC staff regarding this child.

INITIAL ( ) YEAR END ( )

LONGITUDINAL FOLLOW-UP SURVEY

APPENDIX M-1

AGENCY SURVEY:

As part of the plan to follow the progress of children evaluated by DESC the Department of Educational Accountability conducted interviews with representatives of the agencies to which children had been referred. These interviews expanded the information from the progress reports discussed in Performance Area 3, Activity 4. The interviews were conducted both by telephone and in person. Questions were developed to assess the progress of the children who were enrolled in the agency's program. In addition, a measure of the quality of the agency's contact with DESC and the attitude toward DESC was taken. The form used is on the five following pages.

Of the 150 children referred to agencies during the past two years, a random sample of 45 children was selected for the follow-up interviews. About half of the sample (21) had been enrolled in the agency programs for more than one year, the remaining children (24) had attended for less than one year. The children selected for follow-up information were from a representative group of placement settings. Seventeen children were in MCPS classes and centers, 12 were in MCARC programs, 10 in the Easter Seal program, and 6 in private and parochial school settings. The size of the sample was limited in part by the timing of the interview (during the last two weeks of June), since a number of programs had closed for the summer months before interviews could be conducted.

The representatives from the agencies were asked to report on the amount of progress made by each child during the child's first few months in the program and at the end of the year. It was found that 46 percent of the children rated had problems adjusting to the programs during the early months. The problems included avoidance of social interaction with peers, uncooperative behavior, difficulty adjusting to the class routine and anxiety due to separation from home. However, ratings of children on specific skills indicated that gains were made by the end of the year. After adjusting the frequencies for missing data, it was shown that more than 60 percent of the children were described as considerably or moderately improved in the sensory and motor skills area. Communication skills were rated as improved in approximately 57 percent of the children. Self-help skills were improved in 63 percent of the children and social-emotional skills in 70 percent. The greatest progress was reported in the area of academics; 83 percent of the children were judged considerably or moderately improved in that area.

The agency representatives were asked to report on the diagnoses, educational management plans, and the recommendations provided by DESC for the children referred to them. The responses indicated that 83 percent of the diagnoses of the children's problems were judged as accurate by the representatives. Only 12 percent of the representatives did not believe that the DESC educational management plan was adequately explained to the agency staff. Similarly, all but a small percentage felt that the recommendations offered by DESC were appropriate. Overall, the agency response to the contact with DESC was a strongly positive one. The representative expressed confidence in the DESC program and seemed satisfied with the services provided.

Appendix M-1

–DESC AGENCY INTERVIEW–

(PHONE)

Hello. I am_____, working with the Department of Educational Accountability of the Montgomery County Public Schools. We are requesting assistance in monitoring the progress of Developmental Evaluation Services For Children – evaluated children currently enrolled in your program. We need to follow the progress of these children in order to evaluate the DESC programs and procedures. As a program operator you are an essential source of information and we will greatly appreciate your cooperation. May I make an appointment to come by and ask you some questions about_____ (number) children in your program? I will only need about _____minutes. Your responses will be reported without using your name or the children's names. (IF NO): Is there anyone at your agency who would be able to answer a few questions about these children's progress? (OBTAIN NAME, POSITION, AND PHONE NUMBER. IF YES, ARRANGE AN APPOINTMENT FOR THE NECESSARY AMOUNT OF TIME.)

There will be a written report available after September from the Department of Educational Accountability. The report will include the results of these interviews in group terms not by individual responses. If you would like to receive a copy of the report, call us at 279-3596.

(ON SITE)

Thank you for seeing me today. I will try not to take up too much of your time. Here is a list of the children about whom the progress information will be collected.

(GIVE RESPONDENT A LIST OF THE CHILDREN'S NAMES AND BEGIN QUESTIONS FOR CHILD NO. 1. USE SEPARATE RATING SHEETS – PART I, PART II FOR EACH CHILD.)

Appendix M-1

EXPIRATION: August 1979

Department of Educational Accountability MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland	PROGRESS REPORTS OF DESC – EVALUATED CHILDREN – AGENCY INTERVIEW –

TO BE COMPLETED BY INTERVIEWER:

PARENT CODE [ ][ ][ ] (1 2 3)

INTERVIEW DATE _____

NAME OF CHILD _____

INTERVIEWER _____

BIRTH DATE _____

RESPONDENT _____

DATE OF DESC EVALUATION _____

PROGRAM _____

DATE OF ADMISSION TO PROGRAM _____

PHONE _____

INSTRUCTIONS TO INTERVIEWER: All items should be read verbatim to respondents. Directions to interviewers are in CAPITAL LETTERS in parenthesis, and should not be read to respondents.

Refer questions about the evaluation to _____ (name), _____ (phone).

Be prepared with the names of all the children to be evaluated from each agency.

A report based on the data collected by this form will be available for general distributuion. Copies may be obtained from the Department of Educational Accountability.

Respondents are not required to answer any questions which they believe are an infringement upon their privacy or which they do not care to answer for any other reason.

MCPS Form 340-51, June 1979

Appendix M-1

PART I: CONTACT WITH DESC

I would like some of your feedback on the diagnosis, educational management plan, and the recommendation which DESC prescribed for this child.

☐☐☐ (cc 1-3)

☐☐☐☐☐ (cc 4-8)

1. Was the diagnosis of this child's problem an accurate one? ☐ (cc 9)

   [CODE: 1=YES, 2=NO, 8=DON'T KNOW, 9=NO RESPONSE]

   (IF NO) Please explain:_____ ☐ (cc 10)

   _____

   _____

2. Was the DESC educational management plan adequately explained to your staff? ☐ (cc 11)

   [CODE: 1=YES, 2=NO, 8=DON'T KNOW, 9=NO RESPONSE]

   COMMENTS:_____ ☐ (cc 12)

   _____

   _____

3. Were DESC's recommendations appropriate? ☐ (cc13)

   [CODE: 1=YES, 2=NO, 8=DON'T KNOW, 9=NO RESPONSE]

   (IF NO) How was it inappropriate?

   _____ ☐ (cc 14)

   _____

   _____

4. Was your program able to implement the educational management plan? ☐ (cc 15)

   [CODE: 1=YES, 2=NO, 8=DON'T KNOW, 9=NO RESPONSE]

   (IF NO) Why not?

   _____ ☐ (cc 16)

   _____

5. Was the DESC staff available for further consultation regarding this child? ☐ (cc 17)

   [CODE: 1=YES, 2=NO, 8=DON'T KNOW, 9=NO RESPONSE]

6. Was further contact with DESC ever initiated by your staff? ☐ (cc 18)

   [CODE: 1=YES, 2=NO, 8=DON'T KNOW, 9=NO RESPONSE]

   (IF YES)

   What was the purpose of the contact?

   _____ ☐ (cc 19)

   _____

   What was the outcome of the contact? 106

   _____ ☐ (cc 20)

7. Is there any additional information or service which you would have liked DESC to provide? ☐ (cc 21)

_____ ☐ (cc 22)

_____

_____

PART II: PROGRESS RATINGS

8. I would like to know the amount of improvement you have seen in the child after the first few months in the program. For each of 5 skill areas I mention, please describe the child's improvement as considerable, moderate, slight or none.

[CODE: 1=CONSIDERABLE, 2=MODERATE, 3=SLIGHT, 4=NONE, 8=N/A, 9=CAN'T RATE/INSUFFICIENT OBSERVATION]

Sensory and motor skills . . . . . ☐ (cc 23)

Communication skills . . . . . ☐ (cc 24)

Self-help skills . . . . . ☐ (cc 25)

Social-emotional skills . . . . . ☐ (cc 26)

Academic skills . . . . . ☐ (cc 27)

9. During the first few months, did this child have problems adjusting to the program?

[CODE: 1=YES, 2=NO, 8=DON'T KNOW, 9=NO RESPONSE] ☐ (cc 28)

(IF YES) Please specify_____ ☐ (cc 29)

_____

_____

10. Were there any other special problem areas during the early months? ☐ (cc 30)

[CODE: 1=YES, 2=NO, 8=DON'T KNOW, 9=NO RESPONSE]

(IF YES) Please specify_____ ☐ (cc 31)

_____ ☐ (cc 32)

_____

. . (FOR CHILDREN ENROLLED FOR MORE THAN ONE YEAR, ASK NO. 11, LESS THAN ONE YEAR, GO TO NO. 13.)

11. Now; describe the improvement seen in the child by the *end of the first year.* For each skill area I mention, was the child's improvement considerable, moderate, slight, or none?

[CODE: 1=CONSIDERABLE; 2=MODERAGE, 3=SLIGHT, 4=NONE, 8=N/A, 9=CAN'T RATE/INSUFFICIENT OBSERVATION]

Sensory and motor skills . . . . . ☐ (cc 33)

Communication skills . . . . . ☐ (cc 34)

Self-help skills . . . . . ☐ (cc 35)

Social-emotional skills . . . . . ☐ (cc 36)

Academic skills . . . . . ☐ (cc 37)

12. Were there any special problems during the first year? ☐ (cc 38)

[CODE: 1=YES, 2=NO, 8=DON'T KNOW, 9=NO RESPONSE]

(IF YES) Please specify_____

_____ ☐ (cc 39)

_____ ☐ (cc 40)

13. Now, please describe the amount of improvement you have seen in the child up to the present time. For each skill area I mention, was the child's improvement considerable, moderate, slight, or none?

[CODE: 1=CONSIDERABLE, 2=MODERATE, 3=SLIGHT, 4=NONE, 8=N/A, 9=CAN'T RATE/INSUFFICIENT OBSERVATION]

Sensory and motor skills . . . . . ☐ (cc 41)

Communication skills . . . . . ☐ (cc 42)

Self-help skills . . . . . ☐ (cc 43)

Social-emotional skills . . . . . ☐ (cc 44)

Academic skills . . . . . ☐ (cc 45)

14. Is the child experiencing any special problems at this time? ☐ (cc 46)

[CODE: 1=YES, 2=NO, 8=DON'T KNOW, 9=NO RESPONSE]

(IF YES) Please specify:_____

_____ ☐ (cc 47)

_____ ☐ (cc 48)

15. Make any other comments you wish at this time.

_____ ☐ (cc 49)

_____ ☐ (cc 50)

_____

_____

APPENDIX - M-2

PARENT SURVEY: DESC Evaluated Children

All parents whose children had been evaluated during all three project years were sent survey forms. The surveys asked parents to respond to questions about DESC services and programs. Information on the progress of their children through other evaluations and programs was also requested. From the 353 questionnaires mailed to parents of children evaluated by DESC during the first, second, and third project years, 101 forms were completed and returned for coding. Thirty-one forms were returned unanswered because the families had moved to an unknown address. The result reported represents about a 31 percent response. The forms sent are included in the following pages.

Analysis of the surveys indicated that parents overwhelmingly rated the evaluation performed by DESC as excellent or good, with 98 percent of the respondents checking one of these options. Several parents also volunteered positive comments about the staff and the evaluation. Some examples were the following: "The evaluators had an instant rapport with my child which was beautiful." "Everyone seemed to take her case personally." "DESC discovered things I never even noticed in my child." Ninety-seven percent of the parents were also satisfied with DESC's explanation of their children's evaluation. Agreement with the DESC evaluation was high (80 percent); however, 19 percent of the parents were only partly in agreement, and 1 percent did not agree at all. Parents who qualified their agreement with the DESC evaluation did so for several reasons. Some felt that the DESC staff overstated the negative findings and did not present the limitations of the tests used. Other parents believed testing to be somewhat inappropriate for their children's age or abilities. Despite the reservations of some, the great majority of the parents (91 percent) followed the recommendations made for their children by DESC.

Many parents took the opportunity provided by the mail-in survey to praise the DESC staff and the program. The following comments are typical parental reactions: "I found the nurse coordinator and the educational diagnostician very helpful in answering questions after the conference." "I feel everyone on the staff was genuinely concerned and happy to see the progress of (child)." "Really impressive program. Very thorough." Parents also made some suggestions and complaints; some examples follow: "The services would probably be more effective if DESC would follow-up with the child's school." "The DESC evaluation took too long" (indicating the time between parent's inquiry and child's placement). "I feel that his teacher would have benefited from visits with DESC workers." "I was made to believe that I was the cause of (child's) problem."

About one third of the parents (31) reported that their children received additional evaluations subsequent to the DESC evaluation. It appeared that these children were reevaluated by the staff of the program which they were attending. The reevaluations produced no new diagnoses, they merely reconfirmed the DESC findings. Parents were, in general, satisfied with these evaluations provided by the agencies.

All except 19 of the children were enrolled in special classes: MCPS classes (23), MCARC Preschool (15), and Easter Seal (13). More than one third of the children (35) were receiving speech therapy in their special class, and another third (32) received physical therapy. Ninety-three percent of the parents whose children attended a special program found that the program was very satisfactory or satisfactory. Only five percent of the children dropped out of a special program because their parents were dissatisfied.

Appendix M-2

Cover Letter

FOLLOW-UP STUDY

___ ___ ___
1 2 3

We hope to do a follow-up study of children who have been evaluated by DESC to see how well they are doing one year from now. We will write to you one year from now and ask you to complete a questionnaire similar to this one. Would you be willing to take part in a follow-up study? (please check)

(1) Yes____ (2) No ____ If no, please still complete the enclosed questionnaire

If you are willing to take part, please give the name, address, and telephone number of two local residents who are likely to know where you can be reached if you should move.

Name 1: _____ Name 2: _____

Address: _____ Address: _____

_____ _____

Telephone: ____ _____ Telephone: ____ _____
Area Area

Appendix M-2 Expiration: August 1981

Department of Educational Accountability
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

THIS SPACE FOR OFFICE USE ONLY

Developmental Evaluation Services for Children
Annual Follow-up Survey

___ ___ ___ ___
1 2 3 4

DIRECTIONS: This questionnaire is divided into three parts. Please answer each question by placing a check in the appropriate space. Be sure to explain negative evaluations; we wish to use your comments to improve our services.

PART I: CONTACT WITH DESC

1. In your opinion, what was the overall quality of the evaluation of your child as performed by DESC? (Check one line only) ___ ___ ___ ___
5 6 7 8

Excellent ____ Good ____ Fair ____ Poor ____

Comments: _____

_____

_____

2. Were the results of the DESC evaluation explained to you in a way that enabled you to understand them clearly? (Check one line.)

Yes ____ No ____ In part ____ ___
10

Comments: _____ ___
11

_____

_____

3. We are interested in your feelings about your child after the DESC evaluation. Did you agree with the recommendation? (Check one line.)

Yes ____ No ____ In part ____ ___
12

Comments: _____ ___
13

_____

_____

MCPS Form 340-47

OFFICE USE ONLY

4. Did you follow the recommendations made?

Yes ____ No ____ No recommendation was made ____ 14

Comments: _____ 15

_____

_____

5. Please use the space below to write any other comments you would like to make about the DESC program or services.

_____ 16

_____

_____ 17

_____

_____ 18

PART II: SUBSEQUENT EVALUATIONS

If your child has been evaluated by another agency or professional after being evaluated by DESC, please answer the questions in this section.

If your child has not been evaluated since the DESC evaluation, check here _____. Go on to Part III.

6. What was the name and location of the agency/professional performing the first evaluation after DESC?

   Name: _____ 19 20

   Location: _____ _____
   City State

7. For each type of examination listed below, check yes if that type of examination was performed by the evaluating agency/professional you have listed in #6 above, or check no if the examination was not performed.

	YES	NO	DON'T KNOW	
				21
Medical/pediatric	___	___	___	
Neurological	___	___	___	22
Fine motor skills/occupational therapy	___	___	___	23
Gross motor skills/physical therapy	___	___	___	24
Hearing/audiology	___	___	___	
Speech/language	___	___	___	25
Psychiatric/Mental Health	___	___	___	
Academic skills	___	___	___	26
Other type of examination (Please describe other)	___	___	___	27
				28
				29

8. What disability or disabilities, if any, were identified by the evaluation?

   _____ 30

   _____ 31

9. Was the outcome of the evaluation the same as that of DESC? (Check one line only.) 32

Comments: _____ 33

_____

10. What, in your opinion, was the overall quality of the evaluation made by the agency/professional named in item #6? (Check one.) 34

Excellent _____ Good _____ Fair _____ Poor _____

Comments: _____ 35

_____

11. Please use the space below to write any other comments you would like to make about the program or services of the agency/professional you have named in item #6. 36

_____

_____ 37

12. Please list the name and address of all other agencies/professionals which have evaluated your child after DESC, occurring <u>after the first evaluation</u> (after the evaluation named in #6).

(1) Name _____ 38 39

Location: _____ _____
City State

(2) Name _____ 40 41

Location: _____ _____
City State

(3) Name _____ 42 43

_____ _____
City State

Please note any comments you have about these evaluations in the space below:

_____

_____

_____

Appendix M-2

PART III: PROGRAMS ATTENDED

Instructions: The next set of questions deal with the program or programs the child attended after being evaluated by DESC. If the child attended only one program after the DESC evaluation, only the first of the following three pages need be completed. The remaining additional pages are provided for use if the child has been in additional programs. Please complete them in the order in which they appear.

Appendix M-2

PROGRAM 1

FIRST PROGRAM CHILD ATTENDED AFTER DESC EVALUATION

1. Name of Program: _____

2. Dates of Attendance:

   From: _____ ____ To: _____ ____
   Month Year Month Year

3. Program Schedule: (Check one)

   ____ Full day ____ Half day ____ Less than half day

4. List service provided (for example, speech therapy, physical therapy)

5. Rate your satisfaction with the program.

   ____ Very satisfied ____ Satisfied ____ Not satisfied

   Comments: _____

   _____

   _____

6. If child has left the program, please give reasons.

   _____

   _____

MCPS Form 340-47

PROGRAM 2

SECOND PROGRAM CHILD ATTENDED AFTER DESC EVALUATION

1. Name of Program: _____

2. Dates of Attendance:

   From: _____ ____ To: _____ ____
   Month Year Month Year

3. Program Schedule: (Check one)

   ____ Full day ____ Half day ____ Less than half day

4. List service provided (for example, speech therapy, physical therapy)

5. Rate your satisfaction with the program.

   ____ Very satisfied ____ Satisfied ____ Not satisfied

   Comments: _____

   _____

   _____

6. If child has left the program, please give reasons.

   _____

   _____

MCPS Form 340-47

PROGRAM 3

THIRD PROGRAM CHILD ATTENDED AFTER DESC EVALUATION

1. Name of Program: _____

2. Dates of Attendance:

   From: _____ ____ (Month Year) To: _____ ____ (Month Year)

3. Program Schedule: (Check one)

   ____ Full day ____ Half day ____ Less than half day

4. List service provided (for example, speech therapy, physical therapy)

5. Rate your satisfaction with the program.

   ____ Very satisfied ____ Satisfied ____ Not satisfied

   Comments: _____

   _____

   _____

6. If child has left the program, please give reasons.

   _____

   _____

MCPS Form 340-47

APPENDIX M-3

PARENT SURVEY: Children Not Evaluated by DESC

A number of parents who were concerned about their children's development called DESC and subsequently found that their children were not eligible for an evaluation. As part of the longitudinal plan, telephone interviews were conducted with a sample of 34 of these parents. The parents were asked about their contacts with DESC and about any evaluations or services their children obtained after their call to DESC. The purpose of these interviews was to determine what led the parents to initiate contact with DESC, what they did with regard to evaluations and programs, and how they felt about their contact with DESC. (See the following eight pages for a copy of the questionnaire.)

Parents responses indicated that the most common source of their knowledge about DESC was school teachers and day care workers. About one-third of the parents heard about DESC from teachers; other sources included school nurses, pediatricians, and friends. A large percentage (33 percent) of parents were concerned about speech/language development. Other concerns expressed were about emotional development, lags in motor development, hyperactivity and learning disabilities. Pediatricians were cited most frequently as the persons from whom advice was sought before coming to DESC.

The contact with DESC appeared to be a very positive experience for the majority of parents interviewed. Parents felt that DESC was helpful and concerned about their children's problems. All except two of the parents found the advice offered to them in the telephone contact useful and informative. Parents also said that they would recommend DESC to others. One parent volunteered the comment, "I cannot thank DESC enough for helping me with my child."

DESC acceptance or referral to other resources was based on the selection criteria (Appendix G). Responses were reviewed to determine if the intake process was effective in assessing which children could be helped by other resources and which needed the DESC multidisciplinary evaluations.

Fourteen were ineligible for service because they were school age and eligible for evaluations through MCPS. One was referred back to a Regional Center for evaluation; nine were thought to have only language and speech problems which turned out to be the case after a speech and language evaluation either by MCHD or Easter Seal Treatment Center. One child had had an evaluation which showed only language needs, and he was referred for language placement. Another had been fully evaluated and was referred to the placement office. Two were only hyperactive. One of these was evaluated and found to have emotional problems with normal intelligence. No intervention was pursued for the second and no evaluation done. Two were told to wait a few months and if concerns continued to call back. These children developed normally. One had emotional problems and was referred to a mental health clinic where he is still in therapy. One was a four-month old child with Down's Syndrome appropriately enrolled in a Parent-Infant Stimulation Program. His mother was advised to call back in a year but did not do so because she heard that "DESC was closing down." A child with hydrocephalus and cerebral palsy could not come in to DESC so an evaluation was arranged through the local MCHD health center and neurology clinic. One mother indicated on the survey that she was not called back. DESC records indicate that she called DESC back to say she had talked with her pediatrician and had decided not to pursue the evaluation.

Appendix M-3

Hello, is this Mr./Mrs. _____, _____'s mother/father? This is _____ from Montgomery County Public Schools. (READ THE FIRST TWO PARAGRAPHS OF THE LETTER.) Did you call about _____ in _____
(child's name) month/year

(IF NO, ARRANGE TO SPEAK TO PARENT WHO DID CALL.) (IF YES): If you have about 10 minutes, I'd like to ask you some questions that will help us evaluate our program. Your answering is, of course, voluntary, although we feel that it is very important to our evaluation to hear what you have to say. Your answers will be reported without using your name, or your child's name, and none of the information about your child goes into his/her records. Would you be willing to answer some questions? (IF NO): I understand. Thank you anyway. Goodbye. (IF YES): Is it convenient for you to do it now? (IF NO, ARRANGE FOR A RETURN CALL.) (IF YES): There will be a report of our evaluation available in _____ from the Department of Educational Accountability. The report will include the results of these parent interviews, reported, of course, in group terms, not by individual responses. If you would like to receive a copy of the report, call the Department in _____ at 279-3596 to request they send you a copy.
(Month)

Appendix M-3

Expiration: June, 1979

Department of Educational Accountability
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Developmental Evaluation
Services for Children
Parent Interview
DESC Survey B

TO BE COMPLETED BY INTERVIEWER:

INTERVIEW DATE _____

INTERVIEWER _____

DATE OF REFERRAL _____

PARENT CODE ☐☐☐ (1 2 3)

NAME OF CHILDREN _____

ADDRESS _____

_____

RESPONDENT _____

RELATIONSHIP _____ PHONE _____

INSTRUCTIONS TO INTERVIEWER: All items should be read verbatim to respondents. Directions to interviewers are in CAPITAL LETTERS, and should not be read to respondents. Refer questions to _____ (name), _____ (phone).

Appendix M-3

Expiration: Jan. 1979

Department of Educational Accountability
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

This space is for office use only.

Developmental Evaluation Services for Children
(DESC SURVEY B)

Please answer all questions as completely as possible. If you want to make additional comments, please feel free to do so.

1 2 3

4 5 6

Contact with DESC

1. Why did you call DESC? _____

_____ 7 8

_____ 9

10 11

2. How did you find out about DESC? (check all that apply)

___ a. newspaper ad 12

___ b. television 13

___ c. radio 14

___ d. school flyer 15

___ e. friend 16

___ f. other (please specify)_____ 17

_____

3. Were you concerned about your child's development? (check one)

Yes ___ No ___ 18

If no, skip to #4.

If yes, what concerned you about your child's development? 19

_____ 20

How old was your child when you first had concerns about his/her development?

_____ Years _____ Months 21 22

MCPS FORM: 240.46

Appendix M-3

Did you talk to any of the following people about your concerns? (Check all that apply)

_____ a. pediatrician 23

_____ b. family doctor 24

_____ c. teacher 25

_____ d. friends 26

_____ e. Child Find 27

_____ f. Other (please specify)_____

_____ 28

4. When you called DESC, was the interviewer helpful? 29

Yes ____ No ____ Don't remember ____

5. Did the interviewer seem concerned about your problem? 30

Yes ____ No ____ Don't remember ____

6. What advice did the interviewer give you? 31

_____

_____ 32

7. At the time, were you satisfied with the advice given? (Check one)

Yes___ No ____ In part ____ No advice was given ____ 33

8. Did you follow the advice?

Yes ___ No ___ In part ____ No advice was given ____ 34

If No or In Part

Why did you not follow the advice? _____ 35

_____

If YES, Did the advice turn out to be helpful?

Yes ____ No ____ 36

Comments: _____

_____

123

_____

9. Did the interviewer ask you about your child? (Check all that apply)

_____ a. medical history (birth weight, health, illnesses, accidents) 37

_____ b. social skills (age child could dress self, smile, get along with other children) 38

_____ c. speech and language skills 39

_____ d. vision 40

_____ e. hearing 41

_____ f. hand movement skills (grasping, self-feeding, throwing) 42

_____ g. cognitive skills (ability to concentrate, do puzzles, remember events) 43

_____ h. Body movement skills (walking, climbing, running) 44

10. Would you consider calling DESC again if you had another child with some problem? 45

Yes ____ No ____

If no, please explain your reasons. _____ 46

_____

11. Would you recommend DESC to other parents who have children with problems?

Yes ____ No ____ 47

If no, please explain your reasons. 48

_____

_____

12. Has your child been evaluated by a professional or by an agency since your call to DESC? 49

Yes ____ No ____

If Yes, please complete the next section called Evaluations.

If No, skip to the section called Programs on page 6.

Appendix M-3

Evaluations

If your child has been evaluated by any professionals or agencies since you called DESC, please answer the following questions. If your child has not been evaluated skip to the next section: Programs

1. What was the name and location of the professional/agency who evaluated your child after you called DESC? 50

   Name: _____

   Address: _____

   _____

2. Was this professional/agency recommended by DESC? 51

   Yes _____ No _____

   If No, how did you learn of this service? 52

   _____

   _____

3. What type(s) of examinations were conducted by this professional/agency? (Check all that apply)

   _____ medical/pediatric 53

   _____ neurological 54

   _____ fine motor skills 55

   _____ gross motor skills 56

   _____ hearing 57

   _____ speech and language 58

   _____ intelligence 59

   _____ psychiatric 60

   _____ academic skills 61

   _____ Other (please describe)_____ 62

   _____

4. What were the findings of the professional/agency that resulted from the examination? 63

_____ 64

_____

5. Do you think that the evaluation which your child received was adequate? 65

Yes ____ No ____

Appendix M-3

Programs

If your child is attending or has attended any special programs since your call to DESC please answer the following questions about those programs. If your child has not attended any special programs, check here _____. 65

1. What is the name and location of the program your child has most recently attended?

   Name:_____ 67

   Address:_____

   _____

2. What type(s) of special services does this program provide? (For example, speech therapy, physical therapy, audiological, intellectual enrichment, etc.) 68 69

3. Were you satisfied with the program? 70

   Yes ____ No ____

   If your child has attended other programs please provide the name, location and type of services for each.

   Other Programs

A. Name:_____

   Address:_____
   City/State

   Services:_____ 71

   _____ 72

B. Name: _____ 73

   Address: _____ 74
   City/State

   Services:_____ 75

   _____

Appendix N

CONTINUING EDUCATION PROGRAMS ATTENDED BY DESC PROFESSIONALS
YEAR III

Programs Sponsored by Professional Associations	Number Attending
American Speech and Hearing Association	
Maryland Chapter - 1 day	3
National Meeting - 3 days	1
Council for Exceptional Children	
Maryland Chapter - 1 day	1
National Meeting - 4 days	2
Ortho-psychiatric Association	
National Meeting - 3 days	3
Society for Prevention of Blindness	
Metropolitan Washington Chapter - 1 day	1
Programs Sponsored by Teaching Institutions	
Family Systems Symposium - Georgetown University - 1 day	1
Child Neurology - Harvard University - 4 days	1
Depression in Childhood and Adolescence - Georgetown University - 4 hours	1
Child Development Board Review Course - Georgetown University	1
Pediatric Trends - Section of Developmental Pediatrics and Learning Disabilities - Johns Hopkins University - 1 day	1
Pediatric Update and Common Problems - Learning Disabilities - Children's Hospital National Medical Center - ½ day	1
Appropriate Pediatric and Psychiatric Grand Rounds - Georgetown Hospital	2
Other	
Handicapping Conditions Seminar Sponsored by MCHD - 6 hours	2
Infant Stimulation Workshop Sponsored by Howard County Association for Retarded Citizens - 1 day	3
Workshop on PL 94-142 Sponsored by Maryland Association for Children with Learning Disabilities - 1 day	1
Preschool Screening - Use of DIAL Sponsored by MCPS - 4 hours	1

Other (continued)	Number Attending
Infant Consortium of Metropolitan Washington Quarterly Inservice - 1 day	2
The Form of Early Development - Lecture by Jerome Kagan, Sponsored by National Institutes of Health - 2 hours	3
Psychiatric Institute Foundation - "The Learning Disabled Child" - 1 day	1

APPENDIX O

GROUP PRESENTATIONS

DISSEMINATION AND REPLICATION FY 79

I. Regional Special Education Directors Meeting - General Introduction.

Region I, II, IV
Division of Special Education, Maryland State Department of Education (MSDE)
Maryland School Health Council

II. County Special Education Departments - General Introduction with emphasis on interagency cooperation and resources specific to county.

Allegany*	Howard
Anne Arundel*	Prince Georges
Baltimore City	Somerset
Dorchester	Washington*
Frederick*	Wicomico
Garrett	Worcester*
Harford*	

III. Health Resources - General Introduction with emphasis on interagency cooperation and the preschool child.

Diagnostic and Advisory Team, Maryland State Department Health & Mental Hygiene (DHMH)
Division of Infant, Child and Adolescent Services (DHMH)
Developmental Evaluation Clinic, Crippled Children's Program of the District of Columbia
Primary Care Center, Sinai Hospital, Baltimore, Maryland
Holy Cross (Maryland) Hospital Staff
Maryland State Department of Health and Mental Hygiene School Administrators Meeting

IV. Day Care- General Introduction and recognizing the high risk child.

Montgomery County Day Care Directors
Interested Day Care Directors and Staff from Maryland
Family Day Care Mothers

V. Head Start - General Introduction and demonstration of how Head Start has components to develop DESC type evaluation.

Tri-State Planning Meeting
Tri-State Executive Board
Tri-State Special Educators

VI. Child Find - General Introduction.

Tri-State Directors Meeting

VII. Special Education Teacher Groups - General Introduction to the interagency, interdisciplinary team approach to the preschool child with demonstration of the educational diagnostic process.

Prince George's County Special Education Teachers

130

*Health Department Representatives present.

VII. Special Education Teacher Groups (continued)

Maryland State Council for Exceptional Students
Anne Arundel County
George Washington University Special Education Graduate Students
Montgomery County Primary Diagnostic-Prescriptive Resource Teacher Workshop

VIII. MCHD/MCPS & County Government Presentations

MCHD Area 4 Health Center Staff
MCHD Division of Infant and Child - nurses
MCHD Nurse Orientation
MCHD Division of Infant and Child

MCPS Medical Advisory Committee Board of Education
MCPS Board of Education
MCPS D/P Teacher Workshop
MCPS Multifacility Program Staff
MCPS Speech Pathologist
MCPS Placement and Interagency Program Staff
MCPS Head Start Administrative Staff, psychologists and speech pathologists
MCPS Head Start Teachers
MCPS Early Childhood Program
MCPS Evaluation Section
MCPS Adult Educators

Information and Referral of Montgomery County Government

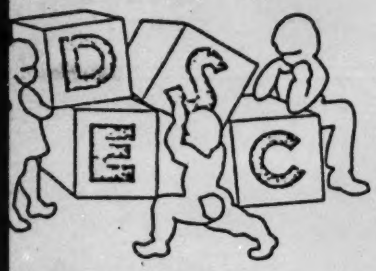
IX. Miscellaneous - General Introduction and importance of support for local replication.

Council for Exceptional Children
Maryland
National
Association for Children with Learning Disabilities
Montgomery County
State Board

Metropolitan Washington Consortium of Infant Programs

Appendix P

SURVEY OF PROFESSIONALS AT PRESENTATIONS



DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN
12701 Twinbrook Parkway
Rockville, Maryland 20852
279–1064

MONTGOMERY COUNTY HEALTH DEPARTMENT
MONTGOMERY COUNTY PUBLIC SCHOOLS

n Interagency Program to Help Young Children

Your evaluation will rate the effectiveness of our DESC presentations and help us for future planning.

Please rate your reactions to the following statements.

	Positive	Medium	Negative
1. The content of the DESC presentation accurately followed the title and advance description.	_____	_____	_____
2. The presentation gives me immediately useful information that I can put into action.	_____	_____	_____
3. I will recommend the DESC presentation to colleagues and other people concerned with early childhood.	_____	_____	_____

My comments, unanswered questions and needs:

_____

_____

_____

(Optional)
Name:_____

Address:_____(Zip)_____

Phone:_____

Appendix R

RECIPIENTS OF DESC BROCHURES AND LITERATURE (in bulk)

Day Care

Clara Barton Day Care Center
Montgomery County Health Department - Child Care Centers - Information & Licensing
Rosemary Hills Day Care
Viers Mill Baptist Day Care Center

Educational Groups

Creative Playtime (Montgomery Village Recreation Department)
Division of Special Education Regional Administrators
Gaithersburg Cooperative Nursery School
Georgetown University
George Washington University
Head Start
Holy Redeemer Nursery School
Maryland State: Great Oaks
MCPS Area Offices
MCPS Child Find
MCPS Elementary Schools
MCPS Graphics Department
MCPS Multifacility Programs Department
MCPS Parent Education Training
Millian Methodist Nursery School
Montgomery College Community Services
Park Street Learning Center
Region 4 Special Education Directors
Rockville Nursery School and Kindergarten
Town and Country Day School
University of Maryland
Week-day Early Education Center

Federal, State and Local Agencies

BEH Projects
Closer Look
Maryland State Department of Special Education, its Advisory Committee and Division of Instruction
Maryland State Head Start Directors
Montgomery County 4C's
Montgomery County Department of Social Services
Montgomery County Health Fair
Montgomery County Information Office
Montgomery County Libraries
Montgomery County Office Buildings
Montgomery County Office of Family Resources
Montgomery County Parent Resource Center

Private Agencies

Community Ministry
Local Church and Synagogue Sunday Schools

Health

Health Systems Agencies - Montgomery County
Maryland State Department of Health: Mental Hygiene (Nursing Offices)
Montgomery County Health Department Health Centers and Administrative Offices
Montgomery Georgetown Clinic
Montgomery - Prince George's County Pediatric Society
Private Physicians Serving Montgomery County
Virginia State Department of Health

Professional and Service Groups

Board of Speech Pathology: Audiology
Council for Exceptional Children
Council for Exceptional Children - Officers
Family Life Center of Montgomery County
Information Center for Handicapped Individuals
Kiwanis Club Clinic
Local Association for Retarded Citizens
Maryland State Society for Autistic Children
Metropolitan Association for Retarded Citizens (Directors)
Montgomery County Association for Children With Learning Disabilities
Montgomery County Community Psychiatric Clinic
Prince George's County Coalition for Handicapped Children
Professional Agencies Serving Preschool Children (Directors)
Silver Spring YWCA
Tri-Services Center
United Cerebral Palsy of Maryland
United Way - Member Organization
Western Maryland Direction Center

Other

Maryland Congress of Parents and Teachers, Inc.
Maryland State School Health Council (Executive Committee)
Maryland State School Health Council (Representatives to General Budget)

Appendix S

SOURCE OF REFERRALS - YEAR III

ACCEPTED	NOT ACCEPTED	TOTAL	SOURCE
31	19	50	MONTGOMERY COUNTY PUBLIC SCHOOLS
2	0	2	D/P Teachers
0	1	1	Kindergarten Round-up
2	3	5	Adult Education Programs
7	4	11	Child Find
0	1	1	Educational Diagnosticians
6	0	6	PARC
5	4	9	Pupil Personnel Workers
5	5	10	School-Based MCPS Employees
3	1	4	Head Start
1	0	1	Early Education Project
21	5	26	MONTGOMERY COUNTY HEALTH DEPARTMENT
2	0	2	Bethesda Health Center
3	0	3	Gaithersburg Health Center
2	3	5	Montgomery Georgetown Health Center
5	1	6	Rockville Health Center
2	0	2	Silver Spring Health Center
3	1	4	Wheaton Health Center
4	0	4	Twinbrook Health Center
12	4	16	MONTGOMERY COUNTY DEPARTMENT OF SOCIAL SERVICES
10	3	13	Family Services
2	1	3	Protective Services
7	17	24	FAMILIES, FRIENDS
0	1	1	via DESC presentation
2	6	8	via Other DESC parents
0	1	1	via Montgomery County Journal
0	1	1	via MCPS Bulletin
3	2	5	via DESC brochure
0	1	1	via School newsletter
2	5	7	via Unidentified source
2	0	2	MARYLAND STATE PROGRAMS
1	0	1	Great Oaks
1	0	1	Regional Direction Center
11	13	24	PRIVATE/NON-MCHD PHYSICIANS
2	1	3	MONTGOMERY CO. INFORMATION AND REFERRAL SERVICE
0	8	8	UNIDENTIFIED
45	31	76	PRIVATE PROGRAMS
2	0	2	Acorn Hill Nursery
1	0	1	All Saints Day Care
1	2	3	Aspen Hill Nursery
0	1	1	Baptist Church Early Education Center

SOURCE OF REFERRAl - YEAR III (Continued)

ACCEPTED	NOT ACCEPTED	TOTAL	SOURCE
			PRIVATE PROGRAMS (continued)
3	0	3	Bethesda Day Care Center
1	0	1	Boyd's Day Care Center
1	0	1	Building Block Day Care Center
0	1	1	Campus Center for Early Learning
2	1	3	Centers for the Handicapped
0	1	1	Children of the Kingdom Nursery School
4	0	4	Clara Barton Day Care Center
1	2	3	Easter Seal
0	1	1	Four Corners Nursery
1	0	1	Gaithersburg Nursery School
1	1	2	Gaithersburg Presbyterian Pre-School
2	0	2	Geneva Nursery
2	0	2	Good Shepherd Nursery School
0	1	1	Grace Episcopal Preschool
1	0	1	Green Hill Nursery
0	1	1	Harbor Nursery School
1	0	1	Hobby Horse Day Care
0	1	1	Holy Redeemer Nursery
0	1	1	Kensington Day Care
1	0	1	Maryvale Day Care
0	1	1	Meadowood Nursery School
1	1	2	Millian Methodist Nursery
6	2	8	MCARC
1	0	1	Mill Creek Nursery School
1	0	1	Montessori Nursery (Aspen Hill)
0	2	2	Montessori Nursery (Gaithersburg)
1	0	1	Montgomery Village Day Care
1	0	1	New Day Preschool
0	2	2	NIH Nursery
0	1	1	Page Child Day Care Center
1	0	1	Poolesville Community Preschool
2	2	4	Rosemary Hills Nursery School
1	0	1	St. John's Lutheran Nursery School
0	1	1	St. Jude's Nursery School
0	1	1	Takoma Park Day Care
3	1	4	Tumble Inn
2	0	2	Twinbrook Day Care Center
0	1	1	WEE Center
0	1	1	Woodlawn Day Care
0	1	1	YWCA Preschool

Appendix T

DISSEMINATION SPECIALIST ACTIVITIES REPORT September, 1978 - January, 1979

1. Produced slide/tape "Helping the High Risk Child" to raise public awareness of special learning needs.

2. Arranged for purchase of media equipment.

3. Developed mailing list and initiated contacts for project dissemination. Guided clerical staff in systemetizing card files and mailing procedures.

4. Developed project overview, cover letter and reply card for mailings.

5. Revised the brochure and supervised its printing.

6. Arranged for MCPS photographer to take pictures for up-dated brochure.

7. Worked with the Health Department health information coordinator in the design of a display for the Fall Human Resources Fair at Montgomery Mall.

8. Planned a workshop for key DESC staff to discuss persuasive public speaking and the handling of media equipment.

9. Developed an evaluation questionnaire for feedback on presentations.

10. Arranged for photographs to be taken of children during evaluations and wrote 4 articles for the following publications:

    Head Start Bistate Training Office Newsletter
    Developmental Disabilities Digest - J.P. Kennedy, Jr. Foundation
    Action Line - Md. State Teacher's Association

11. Assisted with editing the Replication Manual.

12. Arranged for DESC presentations to Bistate Head Start Training Office educational specialists and administrators.

13. Arranged for a WRC-TV-4 segment on DESC with Dr. P. Edmister, Parent Educator.

14. Prepared kits for the formal presentations containing project overview, brochure, and Replication Manual inserts.

Appendix U

DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN
12701 Twinbrook Parkway
Rockville, Maryland 20852
279-1064

MONTGOMERY COUNTY HEALTH DEPARTMENT
MONTGOMERY COUNTY PUBLIC SCHOOLS

An Interagency Program to Help Young Children

December 8, 1978

Dear Director:

We are eager to share information with you about our interagency early identification project -- Developmental Evaluation Services for Children, "DESC." Together, our health and education specialists assess hard-to-test children whose ages may range from infancy up to 5 years old. They may be referred by their doctors, families, day care providers or nursery teachers who suspect them of having handicaps that might impede their progress at school.

As DESC enters its final year of partial funding through the Bureau of Education for the Handicapped, our priority is to disseminate information about DESC. Our goal is to help other diagnostic services bring together health and education specialists into evaluation teams.

We would like to meet you and share what we have learned about interagency cooperation and financing, the interaction among the health and education professionals on the DESC team, and how DESC recommends and often designs the educational setting for each child evaluated. Because of our BEH grant, we can do this without any charge to you.

We enclose our parent brochure, a project overview and a reply card. Please share the materials with friends and colleagues. Please fill out and return the reply card so that we can talk more about this with you.

Sincerely yours,

Thomas J. O'Toole

Thomas O'Toole, Ed. D.
Project Director

Marinda Schwartz

Marinda Schwartz, M.D.
Project Coordinator

Enclosures

TO/MS:jb

Appendix U

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 216 ROCKVILLE, MD

Postage will be paid by addressee:

Developmental Evaluation Services for Children
12701 Twinbrook Parkway
Rockville, Maryland 20852

I am interested in the concept of health/education teams helping high risk pre-school children.

I need more information as checked:

____ *Administrative organization*

____ *Cost sharing between agencies*

____ *DESC demonstrations and presentations*

____ *Other* _____

_____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____

Appendix V

Reply Format for Responses to Dissemination Letter and Mailout Enclosures

Dear

You have asked for more information about the Developmental Evaluation Services for Children (DESC). We thank you for your interest in our program. Our goal is to help other communities develop or augment similar systems for assessing young children's special learning needs. Because of our grant from the Bureau of Education for the Handicapped, we can help you and other local project planners at no charge.

Enclosed you will find information about

Some of these materials are extracts from our DESC Replication Manual. The Replication Manual is a detailed guide to DESC administration procedures and personnel. The manual can be shared with interested program developers as a part of a workshop which can be scheduled by request.

If you wish more information or would like to schedule a time when we can meet with your planning group, write to DESC at 12701 Twinbrook Parkway, Rockville, Md. 20852.

Thank you so much for your response.

Sincerely yours,

Marinda Schwartz, M.D.
Project Coordinator

Thomas O'Toole, Ed.D..
Project Director

MS:TO:ch

Enclosure

Appendix V

DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN
12701 Twinbrook Parkway
Rockville, Maryland 20852
279–1064

MONTGOMERY COUNTY HEALTH DEPARTMENT
MONTGOMERY COUNTY PUBLIC SCHOOLS

An Interagency Program to Help Young Children

ADMINISTRATIVE ORGANIZATION OF THE DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN

The Developmental Evaluation Services for Children (DESC) has two administrative arms, one representing Montgomery County Health Department and the other representing Montgomery County Public Schools. The Service is physically located within the health facility.

The Health Administrator performs the on-site administrative functions of the project. She supervises the nurse coordinator and the pediatricians and coordinates with the supervisor of the speech pathologists, audiologists, psychologists and physical therapists who are all health department employees.

The Educational Administrator oversees budgetary requests, report writing, publicity and printing activities, many of which are associated with the BEH grant. The Educational Administrator also supervises the educational diagnosticians and the secretaries who are Montgomery County Public Schools employees.

The nurse coordinator is directly responsible for the daily functioning of the service. She directs clerical personnel and oversees the data collection as directed by the Montgomery County Public Schools evaluation team. She is also secretary to the Advisory Council.

The Administrative Team consisting of the health administrator, education administrator, the nurse coordinator and the educational diagnostician meet at least monthly to discuss administrative issues. The Professional Team meets with the Administrative Team to refine the diagnostic process, to develop new diagnostic strategies, to broaden the outreach effort or to hear in-service presentations as needed.

The attached sheet lists the administrative roles of the Educational Administrator, the Health Administrator, the Project Service Coordinator (Nurse Coordinator) and Secretary.

Appendix V

DEVELOPMENTAL EVALUATION SERVICES FOR CHILDREN
Paper
on
Cost Sharing Between Agencies

Local health and ducation administrators who agree to pursue the replication of the DESC model should consider:

- applying for special local, state or federal funding to get started
- linking up with existing diagnostic services such as those provided by Title I, Head Start, the State Diagnostic and Advisory Teams that visit some districts, Child Find efforts
- augmenting traditional infant and child health services

In tight money times, community planners need to examine such existing systems to determine how they could contribute DESC-type services without expanding costs. DESC has analyzed how existing staff functions may be assigned to less costly personnel when resources are limited. Attached is a description of such alternative staff options--Alternative Staff Options for the DESC Model.

Local funds usually have to be included in the budget many months before they are available. State discretionary money available as a result of 94-142 funds can be requested during the year in which you plan to use them. Direct funds to the local school system related to the child count figures must be planned for a year ahead. Federal grants, notably Handicapped Children Early Education Project funding from the Bureau of Education for the Handicapped, U. S. Office of Education, can be used to start up a new program. The purpose of this funding is the development of educational model demonstration projects for handicapped children (birth through eight years) and their families. Applications are available from HCEEP, BEH, Room 3127, Donohoe Building, 400 Maryland Avenue, S.W., Washington, D. C. 20202.

Ten percent of Head Start children served must be handicapped. Head Start is also responsible for identifying handicapped children. Local Child Find efforts require emphasis be placed on the importance of early diagnosis and in some instances the Child Find Coordinator could serve on a diagnostic and evaluation team.

Currently, the D & A team serves a number of counties and Baltimore City. Combining existing or new diagnostic resources can enhance and/or implement the work of the D & A team in your system. Funding available from Early and Periodic Screening, Diagnostic and Treatment (EPSDT) activities, Aid to Families of Dependent Children and third party payments from private health insurance programs can be explored. Your Community Health and Welfare Council or local Mental Health Association and other organizations such as the Heart Association, United Cerebral Palsy, Association for Retarded Citizens, Inc., Kiwanis and Lions (or other civic organizations) might be able to contribute funds to help defray costs of early identification/diagnosis efforts. Finally, private foundations such as the Kellogg and Spencer Foundation can be funding sources. The addresses are:

Kellogg (W.K.) Foundation
400 North Avenue
Battle Creek, Michigan 49016

Spencer Foundation, The
875 North Michigan Avenue
Chicago, Illinois 60611

Also, information on private funding sources can be obtained from:

Finding Foundation Facts: A Guide to Information Services.
The Foundation Center, 888 Seventh Avenue, N.Y., NY 10019

Appendix V

DESC Presentations and Demonstrations

Since the Fall of 1978 DESC staff members have been making presentations to professional groups and parent organizations. These presentations are part of the 1978-79 dissemination effort at DESC. They serve to raise awareness about early identification of special learning needs and to stimulate interest in establishing or augmenting similar projects elsewhere in Maryland and in the Washington Metropolitan area.

Presentations generally consist of a brief overview of the DESC project -- its history and objectives. An 11-minute slide tape illustrates the evaluation process. A DESC staff member describes in detail how the project functions, emphasizing those elements of special interest to a particular audience. These elements may range from how to judge when a child needs assessment through DESC's administrative structure and testing procedures to parent counseling and placement options. The presenters like to have time to answer questions and to review the written materials they share with participants. The presentation is shaped to meet the needs of the particular group addressed.

We are also eager to have interested professionals visit our project, observe our diagnostic nursery and conferences, and discuss the DESC process with members of our team.

Groups which have already scheduled DESC presentations or visited for demonstrations include:

- Directors of Special Education for public school systems in Maryland, by regions
- Public Health officers, Frederick, Anne Arundel, and Washington Counties
- Crippled Children's Services, Maryland State Department of Health and Mental Hygiene
- Division of Special Education, Maryland State Department of Education.
-- Maryland School Health Council
- Head State administrators and educational specialists
- Child Find
- Executive board, Maryland Association for Children with Learning Disabilities
- Montgomery County Day Care Directors group
- Council for Exceptional Children.

Appendix W

RESPONDENTS TO DISSEMINATION MAILING

	Health	Education
Allegany	X	
Baltimore City		X
Dorchester		X
Garrett	X	X
Harford	X	X
Howard	X	X
Prince George's	X	X
Somerset	X	
Talbot		X
Washington	X	
Wicomico		X

Head Start
Columbia, Maryland
Cumberland, Maryland
Edgewater, Maryland
Salisbury, Maryland

Day Care
Towson, Maryland
Many in Montgomery County

Other Health
Joseph Willard Health Center, Fairfax, Virginia
Director of Education,Mental Hygiene Admin., State of Maryland
Developmental Evaluation Clinic, Division of Maternal & Child Health, Department of Human Resources, Washington, D.C.
Mental Health Association in Alexandria, Alexandria, Virginia

Other
Gateway Preschool/Hearing and Speech Agency of Metropolitan Baltimore, Inc.
American Association of University Women of Maryland
University of Maryland School of Law
Developmental Disabilities Council,State of Maryland
Towson State University, Baltimore, Maryland
Allegany County Human Resources Development Commission
St. Mary's County Association for Retarded Children
Juvenile Service Administration, State of Maryland
Montgomery County Association for Retarded Children
Maryland School for the Blind
Epilepsy Association of Maryland
Tri-Services Center for Children with Learning Disabilities, Rockville, Md.
Affiliated Leadership League of and for the Blind of America
Christ Church Child Center, Bethesda, Md.
St. John's Development Center, Washington, D.C.
Loyola College - Speech and Hearing Center, Baltimore, Md.
Lower Shore Association for Children with Learning Disabilities